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PROCEEDINGS OF THE
SIXTEENTH ANNUAL CONVENTION
OF THE
American Nurses' Association
HELD AT
THE STEEL PIER
ATLANTIC CITY, N. J.
June 25-27, 1913

HONORARY MEMBERS

FLORENCE NIGHTINGALE*
MRS. WINTHROP COWDIN
MRS. WILLIAM K. DRAPER
MRS. BEDFORD FENWICK
*Deceased

MRS. BAYARD CUTTING
MRS. WHITELAW REID
MRS. HELEN HARTLEY JENKINS
MISS ISLA STEWART*

OFFICERS FOR 1913-14

President

GENEVIEVE COOKE, 1143 Leavenworth Street, San Francisco, California.

First Vice-President

ADDA ELDREDGE, R.N., St. Lukes' Hospital, Chicago, Illinois.

Second Vice-President

M. MARGARET WHITAKER, R.N., 1740 Green Street, Philadelphia, Pennsylvania.

Secretary

MATHILD KRUEGER, R.N., Neenah, Wisconsin.

Treasurer

MRS. C. V. TWISS, R.N., 419 West 144th Street, New York City.

DIRECTORS

MARY M. RIDDLE, R.N., Newton Lower Falls, Mass.

JANE A. DELANO, R.N., Washington, D. C.

AGNES G. DEANS, Detroit, Mich.

MARY C. WHEELER, R.N., Chicago, Ill.

ELLA P. CRANDALL, R.N., New York, N. Y.

LYDIA A. GIBERSON, R.N., Philadelphia, Pa.

COMMITTEES

STANDING COMMITTEES

Executive

GENEVIEVE COOKE (President)	MRS. C. V. TWISS, R.N. (Treasurer)
MATHILD KRUEGER, R.N. (Secretary)	MARY C. WHEELER, R.N.
AGNES G. DEANS, R.N.	ADDA ELDREDGE, R.N.
M. MARGARET WHITAKER, R.N.	
CLARA D. NOYES, R.N. (President National League of Nursing Education)	
MARY C. GARDNER, R.N. (President National Organization for Public Health Nursing)	

Eligibility

DONNA G. BURGAR, R.N.	ANNA DAVIDS, R.N.
MARGARET MCKINLEY, R.N.	MRS. A. C. HARTRIDGE, R.N.

Programme

(To be appointed later)

Arrangements

JULIA C. STIMSON, R.N. (with power to choose other members)

Publication

GENEVIEVE COOKE, R.N.	SOPHIA F. PALMER, R.N.
MATHILD KRUEGER, R.N.	

Nominating

MARGARET BEWLEY	BENA M. HENDERSON, R.N.
MARY A. MORAN, R.N.	MARY E. GLADWIN, R.N.
ANNIE M. RINDLAUB	

SPECIAL COMMITTEES

Nurses' Relief Fund

LYDIA A. GIBERSON, R.N.	LUCY MINNEGERODE
(Committee may be enlarged at the discretion of the chairman)	

Almshouse Nursing

HELEN W. KELLEY, R.N.	JANE M. PINDELL, R.N.
ELLA KURTZ, R.N.	
(Committee may be enlarged at the discretion of the chairman)	

Nursing the Insane

R. HELEN CLELAND, R.N.	MISS. MARY KENNEDY
MRS. RYERSON	

COMMITTEES—*Continued*

National Committee on Red Cross Nursing Service

JANE A. DELANO, R.N.	GEORGIA M. NEVINS, R.N.
MABEL T. BOARDMAN	MAJOR CHARLES LYNCH
WILLIAM H. WELCH, M.D.	T. W. RICHARDS, M.D.
MRS. FREDERICK TICE, R.N.	EMMA M. NICHOLS, R.N.
MRS. WILLIAM K. DRAPER	ANNA C. MAXWELL, R.N.
MRS. WHITELAW REID	MARGARET A. PEPPON
ISABEL McISAAC, R.N.	ALMA E. WRIGLEY

MEMBERSHIP OF THE AMERICAN NURSES' ASSOCIATION

National Associations.....	2
Alumnae Associations.....	184
State Associations.....	35
City and County Associations.....	39
Permanent Members.....	115
Charter Members (3 deceased).....	24

Attendance at the Sixteenth Annual Convention

Delegates from National Associations.....	2
Delegates from Alumnae Associations (representing 118 associations).....	200
Delegates from State Associations (representing 33 associations).....	42
Delegates from County and City Associations (representing 26 associations)	26
Permanent Members.....	63
Charter Members.....	6

THE PROCEEDINGS OF THE SIXTEENTH ANNUAL CONVENTION OF THE AMERICAN NURSES' ASSOCIATION

ATLANTIC CITY, N. J., JUNE 25-27, 1913

WEDNESDAY MORNING SESSION, JUNE 25

THE sixteenth annual convention of the American Nurses' Association was opened at 10.45 A.M., Wednesday June 25, 1913, at the Steel Pier, Atlantic City, N. J. Isabel McIsaac, first vice-president and acting president, was in the chair. She announced that the morning would be devoted to business and that the afternoon would be devoted to conventionalities and courtesies.

After the roll call, the secretary's report was read by Miss Deans as follows:

SECRETARY'S REPORT

Madam President and Members: Following the annual meeting, standing and special committees were appointed, as announced in the JOURNAL for August, 1912. Forty-four applications for membership have been received and the following have been accepted: Samaritan Hospital Alumnae, Philadelphia, Pa.; Bethesda Hospital Alumnae, St. Louis, Mo.; Hahnemann Hospital Alumnae, Rochester, N. Y.; Charlottesville Registered Nurses' Association, Charlottesville, Va.; Graduate Nurses' Association, Columbus, Ohio; Cass County Nurses' Association, Fargo, N. D.; McKeesport Hospital Alumnae, McKeesport, Pa.; Youngstown Hospital Alumnae, Youngstown, Ohio; Taunton State Hospital Alumnae, Taunton, Mass.; The Christ Hospital Alumnae, Cincinnati, Ohio; John C. Proctor Hospital Alumnae, Peoria, Ill.; Grace Hospital Alumnae, New Haven, Conn.; Minnequa Hospital Alumnae, Pueblo, Colo.; Springfield Hospital Alumnae, Springfield, Mass.; South Side Hospital Alumnae, Pittsburg, Pa.; Garfield Park Hospital Alumnae, Chicago, Ill.; Anna Locke Alumnae of Evanston Hospital, Evanston, Ill.; German Hospital Alumnae, Chicago, Ill.; Jewish Hospital Alumnae, St. Louis, Mo.; Butler Hospital Alumnae, Providence, R. I.; Philadelphia Orthopedic Hospital Alumnae, Philadelphia, Pa.; Washington University Hospital Alumnae, St. Louis, Mo.; St. Timothy's Hospital Alumnae, Roxborough, Pa.; Good Samaritan Hospital Alumnae, Cincinnati, O.; William McKinley Memorial Hospital Alumnae, Trenton, N. J.; Cooper Hospital Alumnae, Camden, N. J.; St. Francis Hospital Alumnae, Hartford, Conn.; Hudson &

Erie County Nurses' Association, Elizabeth, N. J.; St. Clair County Nurses' Association, Port Huron, Mich.; Registered Nurses' Association, Savannah, Ga.; Graduate Nurses' Association, Springfield, Ill.; Schenectady County Nurses' Association, Schenectady, N. Y.; Florida State Nurses' Association.

\$100 was contributed towards the expenses of the official delegate to the International Congress of Nurses held at Cologne. The salary of the secretary was increased to \$50 per month.

The president of the Nurses' Relief Committee were authorized to invest the receipts of that fund.

Mary E. Gladwin was appointed a committee of one to plan the districting of states for the purpose of encouraging the presidents of state associations to hold meetings between the annual meetings of this association.

At a joint meeting of the executive committees of the three national associations, it was decided to combine the several committees on arrangements, the chairmen of which were authorized to hold a meeting with the Publicity Bureau in Atlantic City to complete plans for this convention.

The treasurer and secretary were authorized to plan a system of registration which might simplify this work, and the form of credential cards was changed slightly. All organizations and members were urged to pay *in advance*. This plan was to put into operation at this convention with most gratifying results and much less confusion than was anticipated.

The Executive Board respectfully recommends that, owing to the dissolution of the Federation of Nurses, the honorary members of said Federation be transferred to the honorary membership of the American Nurses' Association, and further recommends that a council of the executive committees of the National League of Nursing Education, the National Organization for Public Health Nursing and the American Nurses' Association, be held following each annual meeting.

AGNES G. DEANS, R.N., Secretary.

The secretary's report was accepted as read.

The treasurer's report was read by Mrs. Twiss, as follows:

TREASURER'S REPORT

GENERAL FUND

Receipts

Balance, April 30, 1912.....	\$1161.77	
Dues, alumnae associations.....	3507.30	
Dues, state associations.....	335.20	
Dues, city and county associations.....	365.10	
Dues, permanent members.....	138.10	
Interest on bank balance.....	29.97	
Miss M. M. Riddle, Treas., JOURNAL Purchase Fund.....	200.00	
JOURNAL Purchase Fund.....	50.00	
Contribution for delegate's expenses to Cologne.....	25.00	
		<hr/>
		\$5812.44

Disbursements

Expenses of convention.....	\$399.11
Printing and stationery.....	154.26
Postage.....	86.02
Stenographer (annual meeting).....	159.60
Badges.....	23.85
Arrangement Committee.....	1.00
Eligibility Committee.....	2.00
Nominating Committee.....	5.00
Almshouse Committee.....	2.75
Public Health Committee.....	17.34
Executive Committee.....	259.33
Rent of safe deposit box.....	5.00
General secretary, salary.....	550.00
General secretary, room rent.....	60.00
Treasurer, salary.....	100.00
Auditor.....	10.00
Dues to associations (Infant Mortality, American Federation of Nurses).....	20.00
Exchange on cheques.....	7.71
Bond for treasurer.....	22.00
Delegate to International Convention (contribution).....	125.00
Miss M. M. Riddle, Treas., JOURNAL Fund.....	200.00
	<hr/>
	\$2199.97
Balance April 30, 1913.....	<hr/>
	\$3612.47

Assets

Cash on deposit, general fund.....	\$3612.47
Cash on deposit, Nurses' Relief Fund.....	6943.00
100 Shares AMERICAN JOURNAL OF NURSING stock.....	10,000.00
	<hr/>
	\$20,555.47

M. LOUISE TWISS, R.N., Treasurer.

Subscribed and sworn to before me this twentieth day of June, 1913.

THOS. W. ROBINSON,
Notary Public No. 62,
New York County, N. Y.

NURSES' RELIEF FUND

Receipts

Balance, April 30, 1912.....	\$1752.44
Contributions, as reported through the JOURNAL.....	6806.54
	<hr/>
	\$8558.98

Disbursements

Reprint of circular letters.....	\$5.00
Postage.....	3.04
Exchange on cheques.....	2.10
Expenses of chairman attending convention.....	62.85
Printing calenders, envelopes, expressage.....	1359.05
Copying quotations on calenders.....	5.00
Printing and sending letters.....	9.00
	<hr/>
	\$1445.04
Total receipts.....	\$8388.98
Disbursements.....	1445.04
	<hr/>
Balance, April 30, 1913.....	\$6043.94

M. LOUISE TWISS, R.N., treasurer.

Subscribed and sworn to before me this twentieth day of June, 1913.

THOS. W. ROBINSON,
Notary Public No. 62,
New York County, N. Y.

The treasurer's report was accepted.

The report of the Nominating Committee was read by the chairman, Miss Rece, as follows:

Ticket for Nomination for Officers for 1913-14

For President: Genevieve Cooke, San Francisco, Cal.; Helen Scott Hay, Chicago, Ill.; *For First Vice-President:* Adda Eldredge, Chicago, Ill.; Emma Nichols, Boston, Mass.; *For Second Vice-President:* Margaret Whitaker, Philadelphia, Pa.; Clara Query, Baltimore, Md.; *For Secretary:* Nominations from the floor. *For Treasurer:* Mrs. C. V. Twiss, New York, N.Y.; Mrs. Reba Thelin-Foster, Baltimore, Md.; *For Directors* (six to be elected): Jane A. Delano, Washington, D. C.; Mary M. Riddle, Newton Lower Falls, Mass.; Anna C. Maxwell, New York, N. Y.; Lydia Giberson, Philadelphia, Pa.; Mary B. Eyre, Denver, Colo.; Edna L. Foley, Chicago, Ill.; Ida F. Giles, Philadelphia, Pa.; Annite Damer New York, N. Y.; Mary C. Wheeler, Chicago, Ill.; Ella P. Crandall, New York, N. Y.; Mae D. Currie, Indianapolis, Ind.

Miss McIsaac announced that Miss Hay had been obliged to withdraw her name from the ticket, as a nominee for president, as she was detained in Europe by the serious illness of a member of her family. Nominations from the floor were called for, and the following names were proposed: Isabel McIsaac, Sophia F. Palmer, Agnes G. Deans, Georgia M. Nevins, Lavinia L. Dock and Mary M. Riddle. All but Miss Dock were present, and all declined the nomination. Miss Dock's name was put on the ticket with Miss Cooke's. Nominations from the floor for secretary were Mrs. M. I. Moyer, Philadelphia, and Mathild H. Krueger, Detroit. The name of Charlotte Forrester of Kansas City,

Mo., was withdrawn as a nominee for the board of directors, on account of her illness. Nominations from the floor for director were: Margaret McKinley, St. Louis; Agnes G. Deans, Detroit.

The report of the committee on Almshouse Nursing was read by Ella B. Kurtz, in the absence of the chairman, Helen W. Kelly.

REPORT OF COMMITTEE ON ALMSHOUSE NURSING

LETTERS were sent to all the state associations asking for reports of their work for the past year. Twenty-four replies were received, those having definite results to report were:

Indiana.—Committee active. Hope to have a nurse in at least one almshouse very soon.

Massachusetts.—Trained nurses in all almshouses.

Missouri.—All almshouses in state investigated, according to plan reported last year.

Michigan.—Nurses have investigated conditions in all almshouses.

Minnesota.—Almshouses have been investigated by committee from State Nurses' Association. Inmates get good care. Sick cared for in county hospitals. Conditions are such as require further effort on the part of the nurses.

Nebraska.—Nurses in one almshouse. Political conditions are unfavorable. Nurses feel that little can be done until these institutions are removed from political control.

North Carolina.—Progress very slow. One county employed a graduate nurse for one year when her health failed, and since her resignation no nurse has been found willing to take her place.

Virginia.—In the cities of Richmond, Lynchburg and Norfolk trained nurses are employed in almshouses. The State Board of Charities and Corrections has presented to the General Assembly a bill which provides for changes in almshouse management "To meet the needs of a great state charged with the duty of looking after its unfortunate and needy citizens and to spare the feelings of the occupants by changing the names of these institutions," to District Homes, one to be established in each Congressional District.

Wisconsin.—Trained nurses (either pupil or graduate) in five almshouses. Conditions in the main are good. There is need of entertainment and occupation.

In going over the reports of the almshouse conditions of the various states, your committee was so impressed by the needs of the unfortunate ones fated to end their days in these institutions and by the equally great opportunities for service offered to our profession, that

we feel impelled to change this report into an appeal and to beg for a renewal of interest in this work. Are we as associations and as individuals doing our whole duty by the poor in our country institutions? Can we not do something for them in the way of entertainment or employment? None of us is so poor in friends as not to know some minister of the Gospel who would be willing to go occasionally to the local almshouse and carry spiritual consolation to the inmates, or some sweet singer who could renew their youth with the beautiful old songs that will always be new.

Would it not be possible to interest a teacher of Domestic Arts, who would be willing to teach the old fingers new crafts? One nurse was so interested in this fact that she induced the manager of a knitting factory to give her the "below grade" yarn at a trifling cost and her old women were made happy. When disposing of our surplus books and magazines, do we ever think of the almshouse?

Above all let us use influence (which in at least ten states is powerful) to secure the placing of the controlling power in the hands of *state* rather than *county* authorities, and the changing of the names of these institutions to something that will not carry with it the stigma of pauperism.

The nurses who visited Kaiserswerth last summer were greatly impressed by the name given the abode of the aged and infirm sisters, i.e., "The Home of the Evening Rest," and more than one remarked "Here is an idea for our almshouses."

Virginia is setting a good example in this respect. Cannot we induce our state and county authorities to follow her lead?

If just *one* nurse in each state would devote her energies to the *improvement* of almshouse conditions the report of this committee would be one to be proud of and not one to be offered with apologies. Surely this work would appeal to nurses, for while it lacks the dramatic qualities of Red Cross work (though the photographs taken by Miss Forrester in Missouri deny this) and does not offer the material gains that does work for state registration, central directories or club houses, still it is a branch of service that brings a high reward—including that promised by the greatest of all social workers when He said "Inasmuch as ye have done it unto the least of these, my brethren, ye have done it also unto Me."

The report on Almshouse Nursing was accepted and it was moved that the committee be continued.

The report from the JOURNAL was given by Miss Palmer, the editor-in-chief.

MESSAGE FROM THE EDITOR OF THE "AMERICAN JOURNAL OF NURSING"

THERE is just one point at the present time, that I want to impress upon you and have you take away with you, and that is that Miss Dewitt and I, who do the office work of the JOURNAL, are shut away by the nature of our work from all part in the vital work of nursing progress. We are shut away from the actual executive work in institutions, from actual bedside nursing or personal work of any kind in the care of the sick; and yet those are the subjects that the JOURNAL is established to promote and we are expected to lead, in a way, the thought and the progress of the country, through the JOURNAL. Now you must appreciate the fact that if we are to keep the JOURNAL alive, if we are to keep it a vital spark in all the lines of nursing work for which it has been established, we must have the coöperation of those who are doing the active work, the personal work in the nursing field. You have to bring to us or to send to us each month a sort of telegraphic message that stimulates our enthusiasm, that keeps us alive to all the movements that are going on in the nursing field, and give us something that enables us to send back again over the country the word which means progress and the whole uplift of the nursing profession. Our work holds us each year more closely in the office, because as the JOURNAL covers a wider territory the actual detail, the drudgery, I might call it, of getting into shape each month is more confining and is increasing very rapidly. With the increase of the JOURNAL work we have not yet increased the staff of the JOURNAL office.

I want to tell you something of the nature of our daily tasks. One day last week when Miss Dewitt was away and I was doing the work alone, it took me two hours in the morning to open the mail, and, as I opened the mail and saw the character of it, to arrange it in little piles on my desk, not very orderly piles either: the items, the reports of societies, the death notices, the marriage notices, the solid papers, to say nothing of the hundreds of letters that come all the time from people wanting advice. Now let me tell you some of the things they ask advice about. Not long ago a nurse whom I used to know years ago and have not seen for a long time and who had gone into a far distant part of the world, and married, wrote me in great distress to know how she should proceed to get a divorce from her husband. Perhaps you would like to know my view on the divorce question. I wrote her she had come to the wrong person for help; that when people, from my point of view, took each other for better or for worse, and

had four little children dependent upon them, it was their duty to play the game to the end for the benefit of the children. I hope she is going on and caring for her children and her home as she should.

The report that has just been read of the Almshouse Committee has reminded me of something that came in a short time ago that Miss Dewitt and I were tremendously interested in, something we had not thought it wise to give publicity to in the JOURNAL. A nurse in the far-distant section of the country, a resident nurse in a state orphan asylum, wrote me a most remarkable description of terrible abuses in that institution and of her personal efforts in having them corrected. We sent that letter to Miss Lathrop, the head of the Children's Bureau in Washington, but before we could hear from her in regard to it we had a second letter from this nurse in which she told us that conditions became so bad that, after appealing to her board of managers, she went to the governor of the state. He had interfered, an investigation had been ordered and the brutal superintendant had been discharged, so instead of resigning, as she had thought she ought to do, she was able to remain and do the work in which she was so interested for those dependent children. Miss Lathrop wrote me, "This is a very remarkable instance of the result of the efforts of one person if persisted in." Now in a great many things which we have undertaken to do the amount that can be accomplished by the persistent effort of one person is certainly very remarkable. We have such instances all the time in the JOURNAL.

The great importance of our JOURNAL in this whole field of work which we are banded together to carry out and accomplish is its educational value. I waive the question of the business side, but speak only of its educational value and remind you again that if we are to make the JOURNAL our greatest educational factor, in holding us together in promoting our own ideals, unrestrained and unrestricted by any other body, we must keep its educational side constantly before us day by day and week by week. In order to do that we must have the coöperation of those of you who are doing the vital work in all those lines that lead to progress. Your individual experiences are what we want, your observation of new methods and new treatments, of which you are a part in the accomplishment. In order to have your editors informed and inspired and enthused you must continue to send in those messages that come to us through mail, because, as I said before, we are shut away from the vital work of the nursing profession and that is our sacrifice to the JOURNAL, that we are shut away.

Remember that if the JOURNAL is to live, you must do your part, each one of you, to keep it alive.

Following Miss Palmer's address, the chair appointed the tellers of election as follows: Margaret Bewley of New York, Caroline Bentley of California and Mrs. Winifred Ahn Hart of Connecticut.

The Committee on Resolutions was appointed as follows: Katherine Brown of Philadelphia, Emily McLaughlin of Detroit and Mrs. Frederick Tice of Chicago.

MISS McISAAC—I wish to say a few words to the delegates and particularly to those of you who are serving for the first time, and that is, what are you going to take home to your associations? Most of you know that two years ago I served as inter-state secretary, and attended to many state meetings of nurses and various other kinds of meetings, at which reports from delegates to the annual convention were read, and I must admit that some were very poor and some were surprisingly good. You should take home everything you possibly can to the associations that sent you here, and you can only do it by prompt attention and hard work. This is your association and doubtless there are many of you gathered here today who are to be the future officers to carry on the business of this association, and attending these annual meetings is your training school for such work. Every year we add to our list of affiliated societies, and as we listen to such reports as our treasurer has given to the generosity of nurses in all parts of the country, individually and in their associations, we must realize that there is a large and important work for us to do and that we must have the very best nurses in the whole country to do it.

Meeting adjourned to meet at 2.30 P.M.

WEDNESDAY AFTERNOON SESSION

The afternoon session was opened by prayer by Rev. Newton W. Caldwell, D.D., of Atlantic City.

The address of welcome was given by Hon. William Riddle, Mayor of Atlantic City.

ADDRESS OF WELCOME (CONDENSED)

MAYOR RIDDLE.—*Madam Chairman and ladies of all the United States:* Atlantic City is very happy to welcome you. I am myself individually happy, because I have been the recipient of much kindness from those of your craft. About two years ago I nearly died from an attack of gallstones and was for three weeks in the Garfield Memorial Hospital at Washington. There were forty-two nurses there and I made the acquaintance of all. They used to sing every morning at seven o'clock opposite the room where I had to lie, and I asked them if they would not let me choose the hymns. So every morning they would all sing for me, and lying there the thought came to my mind,

the dearest affection of the human heart is the love of a mother, and the nurse to me became the mother. The kindness that a woman can bestow on anybody that is helpless and weak, probably not going to live, is only equalled by that love of a mother. I think the nurse becomes the mother. And the gratitude that you arouse in men in hospitals, and the power and influence that you have over affairs because you have the opportunity of talking to men in those conditions, is simply marvelous.

There is one thought I would like to impress upon you and that is that you should read the current news of the day, because it is particularly pleasing to a man to talk with a woman who is conversant with public affairs. You have the time to read the newspapers, and if you post yourselves and your patient is lying in the hospital with nothing to divert his mind, there is nothing so pleasant as, for instance, this morning to ask the nurse what she thinks of the discharge of District Attorney McNabb in San Francisco, and also what is her opinion about the currency bill and the income tax. How pleasant it would be for me to say this morning to the nurse, "I am glad to see that they have made an exemption of \$500 for each child, because that is in the direction of better government and better future for the race." The parents of children should have an exemption over the bachelor, and people who are raising families are the ones we want to serve and help. You see all those topics are interesting to me and they are interesting to a patient who is on the sick-bed and has no one to converse with.

Another topic. I have just written a letter to Dr. Anna Shaw, telling her that a couple of years since Mrs. Riddle and I were in Hyde Park in London. There were one hundred and twenty thousand people there at the same time. My wife had not believed in women suffrage until she heard Dr. Shaw's speech. After she heard her address she became a suffragette. And I added in the letter that our five sons have all pledged themselves, when they get old enough, to vote in favor of woman suffrage.

These and other great things that are coming to pass in the world you nurses have the most practical and powerful influence in bringing about. There is no doubt but that you will get woman suffrage, but you will get it because of the class of women that you are, that are ministering to us men when we are in distress, to take the place of our mothers who are dead and gone.

RESPONSE TO ADDRESS OF WELCOME AND PRESIDENT'S ADDRESS

By ISABEL McISAAC, R.N.

MR. RIDDLE, in behalf of the American Nurses' Association it gives me great pleasure to respond to our hospitable welcome. I am sure the Mayor has had the assurance of the sympathy of the audience with some of his doctrines and knows that we are all ardent suffragists and most of us, we hope, belong to the intelligent class who keep themselves informed about the currency bill, the income tax and various other things. The income tax for nurses, however, is not a very distressing subject.

We certainly have come to the most delightful spot as well as a very hospitable spot, and the comfort and ease with which our machinery has worked since we have been here, in the other associations and this one, show that Atlantic City knows how to take care of a large body of strangers. Personally I hope the time is not far distant when we may come again.

One of the charming things about Atlantic City, which the Mayor probably does not appreciate, is this: that we are away from the great hospital centers where there are hundreds of nurses, as there usually are in the cities where we meet, where they all but kill us with kindness. It is receptions and dinners and banquets and things of that kind; and one of the most joyful things in Atlantic City is that we are free when we are not in session.

I assure the members of the American Nurses' Association that I share in the deep regret for Miss Sly's unavoidable resignation and that I fully realize that I have brought neither the time, thought nor enthusiasm that are characteristically hers. However we are here, the task lies before us and I will try to do my part.

This meeting of 1913 is a milestone which marks a notable spot in our highway. We began our nursing organizations in a few scattering alumnae associations which were concerned with purely local affairs, these were followed by the Superintendents' Society, now known as the National League for Nursing Education—the first national organization, and the first body to lay down definite lines saying, this is our aim, that is our work and these things we propose to do. This society has pursued its way since 1893, carrying a beacon for the guidance of us all, in spite of every possible form of discouragement. While the work of the League has been almost exclusively educational, its members have given help, work, time, money and sympathy to this larger

body which is composed of all of our affiliated nursing interests. Last year another definite group, which has developed almost wholly since the first organization in 1893: viz., the Public Health Nurses, laid plans to enlarge the scope of what has become so important a part of the whole nursing profession. This American Nurses' Association is the framework which binds all nursing interests. Its purpose, from its inception, has been to support and encourage every struggling group of nurses and to improve our schools and their graduates. The delegate from the smaller alumnae has the same opportunity as her neighbor from the large powerful society.

The National League of Nursing Education has furnished the leadership of the long struggle for state registration, but alone the League could not have carried a single state, there had to be behind the movement the strength and utility of this organization. I am trying to emphasize this point: that in the things which concern us all our strength lies in our ability to work for one purpose, just as the power of the United States lies in the unity of the single states.

The American Nurses' Association has, within a few years, begun definite lasting work among the lines which concern every individual nurse, not every superintendant, not every private nurse, not every public health nurse, but every nurse who belongs to one of its affiliated societies. It furnishes the machinery through which work may be done for them all, it stands pledged to help the standards of the nursing education and ethics; to use its mighty power (for it holds the power so great that we may tremble at what harm might be done if it were wrongly directed) for the greatest good to the greatest number. For one thing it has pledged its JOURNAL to help carry on all of these different lines of work. For ten years we worked and saved and toiled to buy the JOURNAL. Now it is ours, and every year it will grow and increase in responsibility. It is the greatest problem this Association faces, a professional problem, a humanitarian problem and a financial problem. Every year it will need, besides its editors, seven nurse directors who will give time, work and judgement to its business and, if they remain long enough in its service, will forfeit most of their friends and their peace of mind. These women can not be picked up at random, for they must have not only some business ability but the background of knowledge of nursing affairs over the whole country, because the JOURNAL belongs to San Diego as much as to Portland, Maine; to the Navy nurse in Guam and the Army nurse in Zamboango, quite as much as to the superintendant of New York's most luxurious hospital or the visiting nurse in El Paso. I may be pardoned for using a "shop" expression, but the JOURNAL seems to me our best "coast defense."

We have undertaken two other heavy responsibilities: the Isabel Hampton Robb Memorial, which is an educational fund; and the Relief Fund, the name which indicates its purpose. We shall have reports from these committees, but I beg to remind you that these three, the JOURNAL, the Memorial Fund and the Relief Fund are yours and are so important that their investment and use are the business of those whom you chose to serve the Association. None of this is news to the older nurses, but to the new delegates or to those who are serving on some of these *hard* committese for the first time, I am trying to say that no matter what our special nursing work may be, we need the help and support of all of the other nurses, and here in the American Nurses' Association is the one place to find it.

In less than five years we will, no doubt, have other groups working out their own salvation, which is exactly as it should be. For instance, the Red Cross Nursing Service began its enrollment a little over four years ago, which could not have been done without the working machinery of the American Nurses' Association, but now, after the experiences of the past twelve months, it is evident that these wonderful experiences must be brought before all of the Red Cross nurses and by another year or two, all day sessions will be a necessity for them. Out of the Red Cross enrollment the new rural Red Cross Nursing Service was born, of which you will hear more later, and steps have been taken to develop classes in elementary hygiene and home care of the sick. All of our activities, the things which we have worked for in the past ten years, from the course in Teachers College down, have been worked out through the two national organizations; now that we have them, they ought to go on more swiftly. It has been powerfully hard to deny ourselves but we have done it. In the last three years we have raised about \$30,000 for the three funds, enrolled nearly four thousand nurses in the Red Cross and started the Public Health Nurses in house-keeping. If that is not something to be proud of, then we are no better than wooden Indians.

What have we ahead of us? First, the careful administration of business, the selection of nurses who are not afraid to work nor even afraid of a battle, if need be. We must make every possible effort to gradually gain more permanency in service for those who must carry the work, and pay them livable salaries to do it.

Now we come to the immediate work ahead of us: this is, of course, the regular routine and an International meeting of nurses in San Francisco, in 1915. We have already, together with the National League of Nursing Education, sent out invitations to the nurses of the world to come, and it is necessary for us at this time to carefully select

those who will do this work in order to insure a creditable meeting in San Francisco.

Two years ago the National League of Nursing Education formulated plans for requesting some research body to make a thorough study of the present status of the training schools for nurses of the United States, following the plan pursued in the investigation of the medical schools. The committee from the League presented its request to the Carnegie Foundation but they were not ready at that time to undertake it. Meanwhile there have been a few men in the New York Academy of Medicine who have also come to feel that such an inquiry might help to solve some of the difficulties which beset both doctors and nurses, and we have received the following letter, which was also received by the League, and a favorable reply sent.

THE NEW YORK ACADEMY OF MEDICINE

Public Health, Hospital and Budget Committee

NEW YORK, June 18, 1913.

MISS ISABEL McISAAC,

President American Nurses' Association, Washington, D. C.

MY DEAR MISS McISAAC: This Committee has at various times considered the status of the training of nurses, and has decided to urge upon a research body like the Carnegie Foundation to undertake a comprehensive and thorough study of the Training Schools for Nurses throughout the country. We should like the American Nurses' Association to coöperate with us in requesting such an investigation of nurses' training schools.

Hoping to hear from you, I am,

Yours very truly,

E. H. LEWINSKI-CORWIN,

Executive Secretary.

For several years we have been buffeted between what we thought was right to teach the nurse and the hostile opinions of our opponents, and until some unbiased judges take up the subject and consider it scientifically, as such research work is done, the medical profession, the hospitals and the nurses will go on indefinitely in their triangular strife. Personally, I believe that when such an inquiry is made, the nurses who have all but died, fighting for what they believe to be due to nursing the sick, will stand on an enduring pedestal, and still further I believe that no matter how hard nor how humiliating such a rigid inquiry may be for all of us, we should lend every possible aid to make the study a fair and just estimate of things as they are, and to never falter in our steadfast hope that in the end we will be justified for the faith within us during these last stormy years.

**ADDRESS BY THE PRESIDENT OF THE NATIONAL LEAGUE
OF NURSING EDUCATION**

By MARY C. WHEELER. R.N.

THIS closes the first year of affiliation with the American Nurses' Association. Other than a few minor changes, such as are seen in the plans of the meetings and changes made in the program, there is direct representation upon the board of directors of the American Nurses' Association, automatically arranged for by your president becoming a member of the executive committee and an ex officio member of the board of directors.

The reports and discussions which we have had presented to us in the two and one-half days of our sessions, just passed, show very clearly that an educational branch of nursing interests, we have a wide scope and much work ahead of us. We need to prepare ourselves to further systematize a reasonable outline of training in the schools for nurses; we need to insist that our schools be properly conducted; we need to urge that boards of managers secure the best teachers available; and, also, that the public continue to be educated in the line of placing a proper valuation upon the training of a woman as a nurse.

The records show that excluding this years class, 131 women have taken full advantage of full or partial work at Teachers College. This has been accomplished since 1889, and we are justly proud. There is a call however, for a post-graduate course, of shorter duration and less expense than the Teachers College work. Such a course might be placed upon an educational basis with a requirement of attendance upon demonstrations of nursing measures, given by experts, together with such lecture and class work as would present the newer ideas of nursing, the student living outside of the hospital or school for nurses, and meeting her own expenses.

As regards the public, we have been extremely modest. To get the public interested in our standards for education and registration, we must show them what has been accomplished and ask them for what we want. We should have nursing literature to send with our usual mail; we should see that superintendents of hospitals are disabused of the idea that we wish to control their hospitals; that legislators in the various states know that their nurses are working with the nurses of many other states; that public positions can be filled with the best type of nurse. We should supply the public with facts, stated in a convincing manner, about the nursing profession. As an illustration

do any of you ever open an envelope coming from the New York State Educational Department, without seeing first the brick-red cover of Handbook No. 13? Why cannot this Nursing League add a distinctive touch to the day's mail?

For several years the thought of efficiency in the training of our nurses has been presented. Here is a large field for study, a large field for adjustment, and it would seem that this work belongs, especially to this League of Nursing Education. Up to the point of actually laying hands upon the patient, and from the point of taking them from the patient, the machinery of the equipment and the elimination of useless and, therefore wasteful motions, can be the source of such study and readjustment in technique as will be of inestimable value.

The question of the formation of State Leagues of Nursing Education is before us. Six such Leagues have, today, been accepted into membership. The presidents of these State Leagues become members of the Council of the National League, and thus get into direct touch with the executive committees of the national nursing bodies. There can be no question but that State Leagues can do much towards developing the nursing interests in each State, if thus organized.

May the light of knowledge sift through the thoughts brought for consideration and discussion, so that individual nursing problems may be lightened, and may the inspiration gained from the work of others be as a lode-stone for those whom you guide.

ADDRESS BY THE PRESIDENT OF THE NATIONAL ORGANIZATION FOR PUBLIC HEALTH NURSING

By LILLIAN D. WALD, R.N., PH.D.

NURSES, and you men and women who hold fellowship with nurses throughout the land: I greet you on this distinguished occasion.

For two decades there have appeared, here and there, new evidences of the deep springs of inspiration among women, particularly American women, who have left the pressure of life and the need of consecration to spread the gospel of service to the sick; and upon the root of that old gospel there has branched forth a wonderful growth. This is the realization that the call to the nurse is not only for the care of the sick, but to seek out the deep-lying basic causes of illness and misery, to protect and prevent, that there may be in the future less sickness to nurse and to cure.

This is the wonderful epoch in the history of the world, a thrilling time for those who have the privilege and the opportunity to partici-

pate in its growth; a transitional period it will appear to future historians. Events move so rapidly that the chapters of social realization and efforts to reform follow closely upon each other. We have our historians in our own profession, but they are so bewildered with the rapidly-shifting scenes in contemporary history that they are hardly able to seize one developement before another is in the way.

In this meeting today, for the first time, three nationally important organizations of nursing in the United States come together to place on record their share in the movement for public health and for the promotion of right living, beginning even before life itself is brought forth, through infancy into school life, on through adolescence, with its appeal to repair the omissions of the past, and, finally, to help potential parents to do better for themselves and the oncoming generations than has ever been done before. Nurses are here to testify to the realization that they must, to no small degree, carry the obligation to prevent the premature employment of children, that they may conserve their physical strength; to identify themselves with the movements for the protection of the men and women who work, that dangers may be removed from them, and that they may not risk health or life itself while earning their daily bread. Nurses are assembled here to report their share in the supervision of children at school, to the end that the purposes of mental developement may be achieved without disregarding the health and physical development of the children. Public health nursing has a new ring to it, an inspiration to all who comprehend the large implications of the term. When, in the history of nurses, have their tender ministrations ever before been so emphatically allied with great forward-moving, high-hearted efforts for the whole generation that is and the generations that are to come? Many there are, it may be, engaged in the routine of public health work, who have not crystalized for themselves the import of their task. They are sturdy soldiers, who do not ask the reason for the command. But there are also prophets among the nurses and among the students of social movements who see the veil lifted, and who know that the great army of nurses is educating the people, translating into simple terms the message of the expert and the scientist. The visiting nurses throughout the country have been reinspired to dignify and to lay true values upon their service, coveting for themselves the privilege of relieving pain, and linking with the century-cherished prerogative of women, the new note of education and civic duty.

This conference will record the significant fact that the nurse no longer feels herself qualified to care for people unless she has been trained to recognize and report upon symptoms other than those of

her patient. Instruction in measures for protection and relief in housing, on labor legislation, on school laws, is a necessary part of her equipment, and above and beyond all is the personal and spiritual aptitude, and the realization that she is not only serving the individual, but promoting the interests of collective society. In the vernacular of our day, there are campaigns of education, campaigns for the reduction of infant mortality, campaigns against tuberculosis, campaigns for the prevention of blindness; boards of sanitary control; sex hygiene movements; mental hygiene associations; researches into the abuses of the midwifery practice, into the question of school feeding and into the segregation of defectives. There is recognition of the facts of physical deterrence that bring children before the court; there are tabulators of those who suffer from contagious and infectious diseases; follow-up workers, who are intrusted with the mission of completing the treatment that patients receive in hospitals; home and school visitors, charged to bring into relationship the home and the school, that each may help the other. It is a long array, and I have by no means completed indicating the variety of functions of the trained nurse today. Society needs her, and needs her inspired, needs her well-trained, with such a training as was not conceived of before, except, perhaps, in the master mind of Florence Nightingale.

Nurses are not working against handicaps. They have the tremendous force of public sentiment with them, appreciation of the work that they do when it is well done, and, what is of inestimable importance, they have the fine coöperation that nurses give each other. This first conference of the national organization of nurses engaged in public health work is the twentieth century aspect of an old profession. The president of this national association brings to its members and to those of the other national nursing associations a message charged with deep emotion, and it is a message of gratitude to the older organizations that have included it in their circle. May that circle be everlasting, standing as a symbol of a universal sisterhood, dedicated to the service of their country through its people, young and old, rich and poor, in institutions and in their homes, a circle unbroken until poverty and preventable disease shall be eliminated and the perfect civilization realized.

THE NURSE AS AN EDUCATOR

By ADELAIDE NUTTING, R.N.

EDUCATION in the broadest sense of that term we have finally come to recognize as the most important of our human interests and so profoundly do we believe this that we have made it compulsory, we have made it free, we have made it universal. We cheerfully tax ourselves largely for its support, we multiply large buildings for its varied activities, we secure rich endowments for its larger and higher developments. Our pervading and consuming desire is to gain new knowledge and to apply that knowledge in some way to the life of our day. Moved by this desire we have not only built up at public expense our great educational system which carries the child from the kindergarten through elementary and secondary schools to the university, and in some places through it—but have so extended that system into professional, technical, industrial, agricultural and commercial schools that it affects definitely, powerfully and directly a very wide and constantly enlarging range of human activities. And further, we have developed the idea of university extension till now it reaches helpfully many thousands of adults, young men and women who while pursuing their daily bread-winning occupations are yet able to continue their education and to secure instruction in almost any desired branch of knowledge. Tending in the same direction are the courses of public lectures organized in connection with our public schools and given by widely known experts upon matters general or of special and current interest.

Contributing, of course, to the continual education of the public are libraries, the pulpit, the galleries and museums, the stage, periodicals and the daily press. And just as preaching has got outside of our pulpits, and excellent sermons are steadily preached by our social and civic leaders such as Jane Addams, Florence Kelly, Edward Devine, so actual teaching is getting outside of the schools. The vital knowledge which, as Spencer says, underlies our whole existence and has hitherto got itself taught in "nooks and corners" is finding its place in the ordained agencies for teaching and replacing the "dead formulas" of which he complained. While we have all realized the strength of the modern enthusiasm for education, it is interesting to have the matter summed up as it is in Mr. Burritt's recent Bulletin published by the Bureau of Education. In this he shows graphically how 200 years ago three-fourths of the educated men of the time entered the ministry. At the end of a century the ministry dropped and law was in the ascendancy. Half a century later preachers and lawyers both

are declining, and educators are now in the lead of all the professions with commercial pursuits closely following. And last year the Bureau of the Census issued statistics showing the expenditures for a previous year of 158 cities of this country with a population of over 30,000. The per capita for education far outstripped any other expenditures, standing at \$6.36. It may interest you to know that the per capita expenditure for health was \$2.90 symbolized by an illustration of a nurse in uniform—while that for charities was \$1.16. In fact it appears to be true as President Faunce recently wrote, "The whole world is going to school" and "never in history has there been such eagerness for education as is now universal in America."

In this great forward-moving effort toward freedom (for that is the basis of education) there stand out two extremely interesting features. One is the formal removal by the state of definite religious teaching from all forms of public instruction, and the other is the fact that one branch of education, that dealing with health, has remained practically untouched until within the last few years. It is this branch with which we have to deal today. Since the very first condition of national well-being is that we should be a healthy people, it may well seem strange that instruction on this vital subject of health should have been so long excluded everywhere from our entire scheme of education formal or informal. Over a half a century ago Spencer indeed urged, with great and characteristic vigor, the necessity of including in any rational system of education as an all essential part—the general truths of physiology and their bearings upon our daily life, insisting that without health and energy the industrial, the parental, the social and all other activities become more or less impossible and adding that "knowledge tending to secure them should rank very high."

But during all the ages until the last century while medicine was the "healing art" only—while the origin of disease was shrouded in mystery and physicians as well as people sat literally in darkness, little could have been done to improve by education the health of the people. But when Pasteur pulled away the veils and wrappings of superstition and miracle from disease to death, and revealed their actual causes, there began the awakening to the knowledge that the power over disease lies in our own hands. Since that time the forward progress of medical and sanitary science has been rapid and brilliant and a shining record of marvelous discoveries has followed, each showing forth the specific cause of some of our common scourges and placing within our hands some weapons for its control or prevention. Nothing in the whole progress of the world, writes Dr. Osler, intellectually, materially or morally, compares with the value of the human race of these dis-

coveries. "It is now in the power of man," says Pasteur, "to rid himself of every parasitic disease." But these great discoveries can not reach their full value until people know how to use them; diseases cannot be prevented until knowledge of how to prevent them is the common property of common men. We have in fact gone much faster in accumulating knowledge on these matters than in trying to bring that knowledge home to the people in some form which will be understood by them and used by them. Years ago Dr. Devine plead with the physicians to help the social workers bridge over the gap between the sunken cheeks of the consumptive and what was written in the pages of their medical books. "If we were to apply properly the knowledge we now have," says Dr. Welch, "we could cut the present death rate in half." In its report on National Vitality the Committee of One Hundred on National Health, urges the government to provide for the widest dissemination of such knowledge, and a department is advised to be devoted to health and education which would provide every health officer, school teacher, employer, physician and private family with specific information in regard to public, domestic and personal hygiene. All of the many societies established for the prevention of such diseases as tuberculosis, infantile disorders, insanity, social disease, and others agree that the most effective agency they can employ to accomplish their purposes is education and their experience shows that no permanently satisfactory results can be achieved in any other way.

There is growing, in fact, a world-wide recognition not only of the right of people to know how to live healthily, but of the pressing necessity for teaching them how to do so.

As a result, physiology has already found its way into the public schools, and it is being seriously urged that bacteriology is a science playing so important a part in the immediate well-being of every individual that it should be found in the curricula of schools for the masses. Teaching in elementary domestic science, home hygiene and nursing emergencies and first aid are now common subjects, while in England the care and management of infants has become in some places a part of public instruction. In the high schools and universities there are courses on hygiene, private, public, industrial; in nutrition and dietetics and frequently in the prevention of communicable diseases.

Under the auspices of medical societies and other bodies concerned with social welfare, definite instruction is now presented to the public, on matters relating to the public health, with a freedom that would not have seemed possible even a decade ago. They are received with interest and are always popular.

At the recent Health Conference a journalist stated that articles on the subject of Health, were almost always acceptable to the newspapers, because of their overwhelming importance as news to the public. Further evidence of this is seen in the steady increase in the number of articles on health and hygiene in the popular periodicals. Dr. Winslow sums up the situation in an intensely interesting article on the public health campaign in the June number of the *North American Review* and shows how education is now supplementing and supplanting administrative measures. He concludes that in the future it seems probable that a large proportion of the medical and nursing professions will be in the employ of the state, and that none of the preventable or mitigable maladies to which mankind is subject will lie beyond the scope of their preventive work. But he admits that to get a sanitary sense into the heads of the people is much harder than to lead water pipes into their houses.

It appears that the time honored accepted methods of carrying on educational work through systematic instruction in schools and classes, through lectures, demonstrations and exhibits, through books, periodicals, the daily press and special bulletins, are all now being utilized in some degree and reaching a very large element in the community, more especially the young in the schools. But there is a vast body of people who cannot be reached this way; the people who do not go to school, who do not attend lectures or exhibits, who do not read periodicals, who perhaps may not even read the daily newspaper. Among these are families of the poor in which there is sickness or chronic infirmity, and the young mothers closely tied at home with their babies and little children.

Another method of education has had to be developed to reach these homes, and another type of educator has had to be created to put the method into effective operation. To the first district nurses of half a century ago belongs the credit of having initiated such a method and created such an educator. They began in their daily rounds among the sick poor, to teach the families "by precept and example" the simple truths of personal and domestic hygiene, the causes of sickness as far as they could be told, and measures of prevention as far as they were then practicable. Search carefully among all the early reports and descriptions of this work and you will find constant emphasis laid upon the importance of giving this instruction in the homes, constant reference to its usefulness. "We do not think it would be possible to overestimate the value of this educated body of nurses among us in the prevention of the disease alone," concludes a report on district nursing written just 38 years ago.

The significance of this educational work is clearly shown in the title of Instructive Visiting Nurses, adopted by the earlier associations formed in this country. Today, there is hardly any need of using that title. It is taken for granted that the visiting nurse is essentially a teacher, and that she will never lose any opportunity of passing on knowledge needed for the health and well-being of her patient, the family of the neighborhood, and in a way which will be accepted and utilized by them. And nurses have worked out this idea so worthily that modern science in its warfare against disease finds among its most serviceable weapons this one forged by visiting nurses half a century ago, their common practice of simple, direct, personal teaching and demonstrations in the home of the sick poor. There are, I know, some among us who are inclined to question the value, if not the righteousness of much of this educational work, of trying as they say, to teach hygiene to "underpaid, overworked, underfed, wretched human beings." But we have, to offset these doubts, which assail at times even our most valiant workers, overwhelming evidence as to the valuable tangible results which have followed the application of this system of education on several fields of preventive work.

"The educational work of the tuberculosis nurse is one of the most important and fruitful of all health department activities and should be extended as rapidly as possible." This is what two of the most eminent health experts in the country, Dr. Herman Biggs and Dr. Chas. Winslow recommend now in projecting an ideal health department for the city of Minneapolis. The effect of educational work by nurses in the reduction of infant mortality appears to have been equally fruitful. An imposing array of statistics is available comparing the mortality rate for the same periods in successive years with and without the instructive work of nurses to mothers on infant hygiene and feeding. The commonly-quoted Huddersfield experiment is typical, where for ten years the annual deaths of infants had been over 300. This was reduced by one-third in 1907 simply by systematic instruction.

The experiment in Detroit, in 1910-11, showed that instructions to mothers in the homes by board-of-health nurses during the summer brought down the mortality rate notably. During the winter, however, when other helpful agencies continued in operation and the nurses returned to their school work, the mortality rate was comparatively little affected. Dr. Josephine Baker, of the New York Health Department, says that 80 per cent of the reduction in infant mortality may be attributed to the personal instruction of the mothers by nurses.

Dr. Winslow in the article before mentioned says that "the success of a milk station must be gauged not by the number of quarts of milk

distributed, but by the number of mothers taught to feed and care for their own children." "In one city, he continues, "the authorities refuse to call them 'milk stations' at all, but correct you and say 'consultations,' and they are right, for the infant mortality movement is an educational movement first and foremost. In the last analysis it is evident that no one but the mother can save the baby and she must be taught how to do so." In England and some other places they have established "Schools for Mothers," and the nurses who do most of the teaching have worked out some very interesting methods of instruction, such as pictorial charts, posters and methods suited to the varying grades of intelligence with which they have to deal.

The introduction of medical inspection into the public schools is of recent origin, a logical extension of the idea of state responsibility for the health of the child population. With the development of medical inspection the school nurse has become a necessity. No adequate supervision of the health of school children can be carried on without her, and the scope of her work is broadening steadily and becoming of great importance in the educational system. As her task carries her into the home, as well as the school, she occupies a strategic point and is given exceptional opportunities for studying the whole life and environment of the child and for building up safeguards where most necessary for the protection of its health. Beginning with her first systematic efforts for the promotion of bodily cleanliness among the children, her work has been educational every step of the way and her main subject has been the principals and practice of hygiene. From the inauguration of tooth brush drills among the children in the schools, to the introduction of suitable dietary standards for the children in the home, this instruction has ranged. All accounts and reports of her work literally teem with evidences that instruction in common cleanliness, that basis of all hygiene, is being poured steadily into the homes of school children by the school nurse. And so surprisingly effective have been the results that extensions of this educational province are constantly urged. "Mothers," says Dr. Lowman, "should be taught the seriousness of measles and whooping cough. The ignorant poor do not know this and there is no source from which the information is likely to come except through the school nurse. Though the school nurse is obviously an educator, her field is so new that she is still breaking ground in it, and her potentialities are probably seen but dimly, if at all, by any of us.

Miss Margaret MacMillan of the School Board, Bradford, England, says of the school nurse, "She is your true Frobelian who believes that the young learn by doing not by theorizing. She is here to change

the habits of the new generation, to quicken in so doing the pace of that long slow process we call evolution. The more one thinks of her, the more convinced one is that her work is more radically important than that of almost any other public servant. "The civic nurse," says Mrs. Bruce, "with the possible exception of the public school teacher, has the most important educational work in the country in her hands."

The need for such educational work is not limited to the very poor. The astonishing questions which are asked the private nurse in many well-to-do households show that she, too, may contribute much-needed knowledge on matters of health. She will find here baby pacifiers, large assortments of patent medicines, objections to fresh air, strange indifference to window screens, perplexing ideas on the subject of diet, obstinately-held theories on the value of vaccination and, looked upon as she usually is, as an authority, she has many precious chances to correct wrong ideas and habits. Her education should be liberal enough, however, to ensure her ability to teach the truth and to support her instructions with reasons wherever necessary.

In health education of formal type, the nurse has so far played but a small part, and such instruction has come largely from men and women physicians or from sanitary officers, or from trained teachers of biology. The courses in home nursing and first aid given in the public schools have sometimes been given by nurses, but much oftener by the domestic science teacher, who knows of nursing no more than the brief course in theory offered in her own training course in domestic science. There are, in New York, several nurses, seven or eight perhaps, among the seventeen or eighteen thousand teachers which the public school system calls for, but throughout the country in a very large number of schools, institutes and colleges, instruction in this subject of home nursing, which to be effective should have the vitality which actual training and experience in nursing has given, is not given by nurses at all. Of course, a nurse who does not know how to teach should not be eligible for such work, but it seems to me that if nursing, no matter how elementary, is to be taught anywhere, it should be by nurses, who have been properly trained to teach it. I am inclined to think the whole scheme of domestic science teaching in the Public Schools would be strengthened by putting this subject in the proper hands and requiring definite preparation of them.

Because of its supreme importance, I have left until the last a consideration of that nurse who is everywhere and at all times an educator, no matter how many other offices may be superimposed upon that function—this is the nurse who directs the actual training and education of nurses—the head of the hospital training school. The nurses

who hold these positions are of course educators in precisely the same sense, though in a lesser degree, as are the principals of high schools or the deans of colleges. It is but a few days since the principal of one of our new university training schools stood at commencement beside the deans of the schools of law, medicine and other professions and presented her students for degrees as they presented theirs, and since the work of the nurse is as important for public welfare as is the work of any one of our existing professions, and since to be truly mastered our art requires the same liberal education, the same long and arduous training in the science and the art of nursing—it is fitting that it should be publicly accorded a similar status and recognition. In thus sharing in these impressive exercises, the superintendent of nurses was acting in her capacity as educator. Owing to the relation (unique in education) which the training school bears to the hospital, and the double function for which it exists, first, that of providing a stable working staff for the hospital, second, that of training and educating nurses for the community, the head of the training school has had to bring to her double task an extraordinary combination of qualities. I hardly know of any position in life in which so many demands, widely varying, often conflicting in nature, are made of any one human being. It is as if one should try to combine the superintendent of the hospital and the dean of the medical school in one person, or in one person the principal of a trade school and the manager of an industry carried on by that school. It would be interesting to see which function would survive. In this double office, administrative ability of a high order is absolutely necessary. The superintendent of nurses must be able to manage affairs and people, to plan, organize and direct a multitude of activities, to address herself vigorously to the daily practical workings of the complicated machinery provided in a modern hospital for the care of the sick, and there must, in their interests, be no room for questioning as to her ability and efficiency in this direction. But here intrudes the other aspect of the situation—we cannot train women properly as nurses for the varied human needs we have just been considering until we can get them into our schools. We cannot get them into our schools unless they are good schools—giving instruction which is suitable, thorough and sufficient—giving it under appropriate conditions of living and under wise, just and liberal direction, and we cannot have schools in our hospitals corresponding to this description unless in the head of these schools, to those administrative powers described, are added the attributes and the spirit of the educator—the most business-like manager, the very embodiment of “efficiency and economy,” alone, will not do. Schools will not thrive under such

direction alone. Administrative duties may press heavily and obscure those which are purely educational, but their importance is not thereby diminished. In her administrative capacity the allegiance of the superintendent of nurses to the hospital must be complete, not half-hearted, not one-sided. The very best service which she is capable of rendering to the sick must be constantly rendered, and every reasonable facility grasped and utilized for that purpose. But in her educational capacity her allegiance to her school must carry her far outside the gates of the hospital and urge her to a continuous study of the whole educational problem of which her school forms a part and of the various needs in society outside which the student she is training must inevitably meet. As an educator, she sees that the object of the training school is not solely or even largely to minister to the current needs of any one hospital. Such a narrow conception of its function has been held to its steady deterioration for many years, but under the combined pressure of educated women at the heads of schools, disappointed nurses who have graduated from such schools and the unsatisfied needs of society without, this conception is beginning to alter. It cannot be too frequently urged that the object of the training school is to send out into homes and families of sick and poor, into hospitals, health departments, public schools and other institutions needing them, a steady stream of women who have been trained not only to nurse the sick, but to render definite well-recognized services in the prevention of sickness and the protection of health. The hospital will always be the great training place for nurses, but it will take an educator to show how to use intelligently and fully the magnificent opportunities it offers. She will be the one to see how, in fitting the pupil for immediate utility, we must not neglect to lay that sound foundation which alone will enable her to reach her full stature as a nurse. She will probably find time to study every practical process thoroughly to find out how much value it holds for training purposes. She might shatter rudely some cherished traditions, but progress comes by such disturbances, painful as they are. To take a homely illustration, she might, from the educator's standpoint, see no difference between washing dishes in the kitchen and washing basins and bath tubs in the laboratory, no good reason why the cleaning of rubbers provides a better medium for training than the washing of sheets and towels, nor why much polishing of nickel, brass or other metals is more valuable as training than the polishing of windows or floors. No doubt every one of these processes should be learned by the young pupil nurse, but when the principles are once thoroughly understood, the method and technique mastered, the educational value of that process to the nurse has passed. Here

I hear a familiar protest, "Yes, that is all very fine, but the work must be done by somebody." To which I cheerfully assent, but insist that not all of it, all the time, necessarily, by pupil nurses. There are other agencies available to be found when we straighten out our ideas on the subject of education, and on the purpose of our training schools. Educational ideals are essential to the proper life and growth of these schools and that nurse only who comprehends her educational function and prepares herself to meet it will be truly successful. There is one aspect of education in which the heads of our training schools have ever excelled and that is what I shall have to call the moral education of their students. From this standpoint the very largest conception of education is applied in a good school. Here are taught habits of industry and accuracy, respect for thorough work and contempt for indolence. Here are developed by training of the will readiness to do the distasteful task, to shoulder the heavy responsibility and stand unflinchingly by it. Here is a place where by precept, example and influence, the whole weight of the teaching is to encourage a willing subordination of self to the needs of others, a setting aside of personal wishes, desires, and even needs to the ministry of those whose need is greater, a free rendering, without thought of reward or gain, of one's best services. The pervading spirit of a good school and hospital is an education in itself, wholesomely disciplinary of vagrant human impulses, steady and fortifying to slack human will and weak half-hearted endeavor—good it is for body and soul alike. Many women owe their bones and sinews throughout life to this priceless moral training based indeed upon military ideals, but better and sounder because with a higher end in view, that of saving instead of destroying life. Most of us know that in many ways the best thing that ever happened to us was the wholesome discipline of our hospital life. The quality wrought into character by this training is substantial and permanent and it is this quality standing behind technical and professional knowledge which is making whole communities turn with confidence to nurses for difficult and pioneer services in protection of public health and welfare. It would be a good thing if some such education as this could be a part of the equipment for life of every woman. Here indeed, nurses have as educators made a high achievement in a difficult field.

In thus surveying briefly the fields of service in which the nurse is now occupied, it is impossible not to recognize her as quite definitely engaged in that greatest of all movements of modern life, education, as among those who are taking arms not merely against preventable disease but against preventable ignorance. A more careful study and analysis of her functions would probably serve to strengthen our belief

that in this capacity she may render a higher and greater service to mankind than she has during the long centuries when she served humbly but with unfaltering devotion, in the relief of sickness and suffering. To her newer task may she bring the same high spirit of devotion.

MISS McISAAC: We have with us, though not on the programme, for which I am very sorry, Miss Boardman, whose name is familiar to the nurses of the country, and who will speak on the work recently undertaken by the Red Cross to establish rural nursing service.

RURAL NURSING SERVICE OF THE RED CROSS

By MABEL T. BOARDMAN

A few years ago the American Red Cross published an appeal to the nurses of this country to organize with it a corps of nurses to be ever ready to respond to its call in time of war or disaster. The response has been inspiring. Nearly four thousand of the best-trained nurses of our country have enrolled in this service, and there never was set a higher standard for enrollment than this has been. The little Red Cross that those nurses wear is a pledge to the world for the character of the woman and the character of her training. If you had watched these nurses last year, in the refugee camps along the Mississippi River during the flood, in Peachtree, Alabama, and out in Missouri, and had seen them also all through the flooded district of the Ohio and Mississippi valleys; if next week you would go on to the old battlefield of Gettysburg and see the Red Cross nurses there caring for the soldier who wears the blue and the soldier who wore the gray, and think what it would have meant to those old soldiers if they could have had such trained women near that battlefield, you may realize that the Red Cross is proud of its corps of nurses.

Now again it comes with a strong appeal to our American nurses in the organization of this new service that is to be dedicated to the rural nursing of the country. I believe it is true that one-half of our population of some ninety millions of people live either in the country or in the small towns and villages. Rarely in these will you find a hospital or even a dispensary. Think of the multitudes of our fellow-men and women, of the myriads of little children who, when disease and sickness enter their homes, know nothing of the ministering care of the nurse, know nothing of what only the trained hand of the nurse can give. Think of all our country schools where the children, needing it just as much as our city children, have no school inspection by nurses. Think of the great field of educational work that Miss Nutting has so

very graphically displayed before you. Think of all the vast field that opens before the nurses as they go into the countryside, because those people are perhaps more ignorant than in many homes in our cities of sanitary conditions, and precautions that should be taken to preserve health.

Now I find the country has awakened. Miss Wald has said that this is a wonderful era and it is going out into the far country, this cry for the need of the nurse. If the response comes that will echo out and awaken the communities that are still asleep to the need of nurses, the cry will come again and louder still. It has come to the Red Cross to organize this cry and the Red Cross is seeking its response. To Germany came that cry and Germany replied with her Red Cross nurses, or sisters, as they are called. To England came that cry, to Great Britain, and there you have the Jubilee Nurses. To Canada it came and there you have the Victorian Era Nurses. And again out in far Australia and there you have the Bush Nurses.

Now I believe and you believe that before long America is going to answer this cry in our own land with the splendid order or corps of Red Cross Rural Nurses. We cannot appeal to our nurses, I know, in vain. No one knows what the need is better than the nurse who has many and many a time bent over a bed of suffering and sickness, and only the nurses can answer this call. Hundreds of years ago there were organized, during the Crusades, those great nursing orders of the Knights of Malta and St. John of Jerusalem. The members were men but there were also many noble women who organized hospitals and nursed in them themselves. Today in Europe you will still find these orders in existence. Now the opportunity is yours today to organize in this twentieth century for a still finer and still nobler cause, a far better trained, a far more efficient order than ever these famous old orders have been down through the centuries. It will be an immense power for good throughout our country. Can't you think of this great, quiet, strong army of women, wearing a blue uniform and wearing upon their breast the insignia of the Red Cross Nursing Service? Can't you think of the power for good throughout the country, for the future welfare of the people and the upbuilding of the country that we one and all of us love? This will be the service that the nurses of this country can render and of which there is none other that they need be more proud of. The Red Cross appeals to every nurse to ask herself if she comes up to this high standard. Can I belong to this service? It appeals to all superintendents of training schools to turn a few of their best, their finest pupils, into this service of the Red Cross. It needs the best, it needs the finest character, it needs the best training. Will

you nurses enter into this crusade to fight in this twentieth century against suffering and disease, to fight for the holy land of health? If you do the people of the nation will rise up and call you blessed.

Following Miss Boardman's address the meeting adjourned to the Chalfonte for a social hour.

THURSDAY MORNING SESSION, JUNE 26

The meeting was called to order at 10:45 A. M., Miss McIsaac presiding. The minutes of Wednesday's sessions were read and approved. A letter of greeting was read from Miss L. Grace Holmes, missionary nurse at the Good Samaritan Hospital, Valdez, Alaska. The letter from the New York Academy of Medicine, asking for the coöperation of the American Nurses' Association in requesting the Carnegie Foundation to make a study of the status of the training schools for nurses in the United States, was read. It was decided that this request be complied with.

MISS NOYES.—As chairman of the Board of Directors of the AMERICAN JOURNAL OF NURSING I beg to submit the following resolution and move its adoption:

“That the Executive Committee of the American Nurses' Association be empowered to represent this association at the annual meeting of the stockholders (The American Nurses' Association) to elect directors for the AMERICAN JOURNAL OF NURSING Company.”

The resolution was adopted.

MISS McISAAC.—Perhaps a little further explanation will make it clearer. The American Nurses' Association is not incorporated to carry on a business. It can hold property but it cannot carry on a business, consequently the management of the JOURNAL is still in the form of a JOURNAL Company. The property is held by the American Nurses' Association, that is, the American Nurses' Association are the stockholders and it is their duty to elect six directors. Miss Noyes asked that the Executive Committee of this association be empowered to elect the directors to manage the business of the JOURNAL.

The amendment to Article I, Section 4, of the By-Laws, which had been distributed to the members before the convention, was brought up. After thorough discussion and some amendment of phraseology, it was adopted in the following form:

Any graduate nurse, having once served as a delegate, may become a permanent member at any subsequent meeting upon the presentation of credentials from an organization affiliated with the American Nurses' Association and upon the payment of dues.

REPORT OF THE INTERNATIONAL COUNCIL OF NURSES (CONDENSED)

The report of the delegate to the International Council of Nurses at Cologne was given by Miss Nutting, as follows:

YOUR delegate to the International Conference of Nurses at Cologne attended every session of the conference and is very happy to have been your delegate. The selection of the place was singularly happy, because Cologne is not only a very peaceful old city, but is geographically within reach of people from all parts of the world who met there. It is not only an ancient city, beautifully situated on the Rhine, but is also a live and active modern city, so that we had the monuments of old Cologne and the conveniences of new Cologne. But it was not because of these things that Sister Agnes, the great leader of nursing in Germany, selected Cologne, but because there was not much interest in nursing there. It was rather a hotbed of reactionary thought and she felt it was high time that were changed to nursing work. I think the results justified her judgment.

Because there were so few nursing bodies there, Sister Agnes went to the Mayor and said, "We are going to have a great gathering of nurses from all over the world and we want to do a great deal for them but cannot undertake it alone." He responded by appointing a committee which gathered 10,000 marks and arranged for such an entertainment as I have seldom seen anywhere in the world. Germany is the home of music, and the music that was provided for us from the beginning of our stay to the end, and at every entertainment we went to, was wonderful. The German foreign office made official recognition of our congress, which has not been done before anywhere, I think. We had wonderful greetings from the city of Paris, a few years ago when we went there, but the German foreign office sent invitations to every country to send nurses as delegates. The city of Cologne made us its guests and placed at our disposal a medieval hall with wonderful stained glass windows and high galleries and beautiful old mural paintings. Every day we had sessions in that hall, four or five times as large as this, dedicated to the service of the city. They gave it to us quite free of charge. There were all sorts of outside rooms, which we were able to use freely for our work. We were taken care of from the moment we arrived until we departed, met at the station, hotel arrangements made for the different groups, and assigned to our rooms with promptness. The next morning we received a large program in which was a list of delegates, and a little bunch of tickets admitting us freely to every museum, every sight, everything that was of interest in the city, also a little ticket which admitted us free to ride in

any street car in the city for every day. We had bronze badges on which were printed in gold letters the name of our country, and it was a great satisfaction to find seated on that side, Australia, or New South Wales or Japan. Twenty-three countries had representatives there.

We began with a great meeting in which the city welcomed us and in which the society of artists and musicians had worked out a special entertainment for our benefit. It consisted of beautiful music by a choir of between three and four hundred voices, men who never sing for pay but sing only for love and where they want to sing. Following this there was a pageant of moving pictures, selected from the history of nursing, with appropriate poems and music composed especially for the occasion, all worked out just for our benefit.

The daily attendance was from 700 to 900, but of course you will understand that although twenty-three countries were represented, the main body would be from Germany and from surrounding nearby countries. If you had some idea that German women were domestically inclined, very docile, obedient and kept to what the German Emperor calls the home school, the kitchen and church group; you would have had that idea removed very completely, for a body of more splendidly-independent looking women I have seldom seen and I don't know that I ever expect to see them. Some of them looked worn and tired. Many of them were in their deaconess' uniform, but they were striking. We had to realize that there was great vigor and strength and power in that body.

The papers were admirable. They represented most countries, and the whole trend of the congress was towards social work and social development. The papers were mostly in German, but were translated, at first by Sister Agnes Karll, who speaks English as freely as she does German. Because she was president, we thought we had better relieve her from the labor, and furnished a translator, who did not do as well.

There were two extremely interesting papers, one by Herr Heimrath Hecker, superintendent of the great school in Strasburg, who has been much interested in hours of nurses and what he calls the overstrain of nurses. This paper was really a scholarly contribution to the whole subject. He took up two hours and over, and we all sat and listened quite intently, some of us not understanding a word, but still feeling perfectly certain that we did understand what he was saying. That was true of the whole congress. We knew by a sort of intuition what was being said in these papers, though many of us did not speak German at all. Herr Hecker's paper has been translated, a little bit shortened, and is published by the International Council. It is a study of the number of breakdowns from tuberculosis, heart disease, nervous trouble and strains of various kinds which the excessive hours of work

in hospitals and training schools have brought about. He urged strongly great reforms, and was supported later by resolution from the whole congress on that subject.

There was also a very important paper by Sister Henrietta Arendt, of whom Miss Dock has frequently spoken in the Foreign Department of the JOURNAL. She is a woman you can never forget, after seeing her, who went into social work which led her to investigate the iniquitous traffic in children. She has rescued between four and five thousand and placed them in safe homes.

The resolutions were extremely important. There were four. The first was on suffrage, and I was so happy to be able to support that resolution by saying that the American Nurses' Association had just endorsed the principle. The next was a resolution in support of registration of nurses. The congress, of course, being international, does not handle things quite in the way that we would. It has its own way, by resolutions, which go back to each country; and that a congress composed of representatives of twenty-three countries should declare its belief first in suffrage and second in the principle of registration for nurses is the only possible way of starting better measures for the education of nurses by statute.

The third resolution was in support of the status of the superintendent of training schools. In Germany they call the superintendent the matron, and they have for many years made efforts to deprive her of the power and authority to do her work properly. Little by little other departments were encroaching upon the training school for nurses, depriving the superintendent of authority. To give her plenty of responsibility without power is weakness. It is absolutely impossible to carry out a proper day's work without authority to do. The same thing occurs in this country, and wherever it goes on you will see a steady deterioration in the character of the training school. The superintendents who are valiantly struggling for good standards need all the support this body can give them. In fact, I think the training schools need all the alumnae and county and state societies standing solidly behind them, upholding them in every possible way, if they are going to win, day after day, or keep the kind of women that they should. Columbia University has a great body of alumnae, they stand stanchly by the university, helping it by gifts and in every way. I should like to see the alumnae of our training schools standing stanchly for their schools, instead of criticising and finding little flaws. That is what we meant when we put forward this great resolution in support and defence of the authority of the superintendents of nurses.

Then there was a fourth resolution in support of proper hours of work, and although it has appeared in the JOURNAL I will read it.

WHEREAS, with the advance made by scientists in the study and protection of the human mechanism, with the new knowledge regarding the nature and effect of fatigue upon the human capacities by overstrain:

Resolved, That we earnestly beg hospital authorities to give the same consideration to the problem of fatigue among nurses that industrial leaders are giving to the question of overwork among workers in the industries, in order that the present grievous and needless destruction of the health of nurses may cease.

The most important act of the congress, in one way, was in the steps taken towards building up the Florence Nightingale Memorial in London. Now just one word about Florence Nightingale. To her, to her genius, to her inspiration, we owe all that we are, and nothing could be more appropriate than that a great memorial for her should be built up in the place where she lived and did most of her work. I cannot conceive that this country and all other countries will not wish to share in the small contributions (a hundred thousand small contributions rather than five thousand big ones). A contribution of one dollar each from all our nurses in this country would make a great gain to the Florence Nightingale Memorial in London. It is not my province to speak of this but I cannot help doing so because I have all my life been so deeply interested in this great woman. There have been two memorials made for her and neither of those will appeal to us. She would not have cared for a statue, and a poor one. She would not have cared to establish a great building for broken-down nurses. She would have said, "Keep your nurses in good health and do not break them down. Give them enough pay so that they won't have to have pensions." She would have said, "Educate them so that they can rise to the fullest stature and command good salaries." And her supreme weapon, as Miss Dock says, was education. Therefore a great school such as we hope to make in London University for Florence Nightingale would be the best possible Memorial we could establish for the woman who stood first as an educator.

I do not think any of us who were at Cologne failed to go away with the feeling that the same problem is set for women for all of those twenty-three countries. They are all fine women, struggling for better education, for better hours of work, for more room, better facilities. We had one common problem and we felt it as if by magic. We got together, whether we spoke the same language or not. We had the same feelings, the same impulses, the same notions; and it was a very great privilege to have attended the congress. It was worth many sacrifices and you will all feel that way when you go out in San Francisco in 1915. I hope we shall all work to make the 1915 congress as great and inspiring as the 1912 congress in Cologne.

REPORT OF THE NURSES' RELIEF FUND (CONDENSED)

DURING the year the committee has held one meeting, the bulk of the work being accomplished by correspondence. The chairman was called to Washington in conference with the acting president of the American Nurses' Association on the question of printing and distributing the Relief Fund Calendar, and to New York to report to the Board of Directors the progress of the calendar sale.

The definite work has been the making and distributing of the Relief Fund Calendar and issuing Pledge Cards.

The splendid success of the sale of the calendar has come through the coöperation of many nurses in many places. Calendars were sold in 43 states, Illinois leading in the number disposed of. There were only six states in which calendars were not sold.

Receipts to date from calendar sale.....	\$4,444.27
Expenses.....	1,436.45
Amount clear.....	3,007.82

The chairman wishes to make personal acknowledgment to Elizabeth Culbertson of Philadelphia, who, although not a member of the committee, made the work of the chairman possible by an immense amount of clerical assistance during the entire winter. The committee authorized all nurses who have calendars unsold to distribute them according to their judgment, free of charge.

Undoubtedly within the coming year the Fund will reach the \$10,000 mark, when it is understood it may be drawn upon. In the meantime the committee will make further study of conditions of its use and will make plans for the administration and distribution of the Fund and submit the same to the Executive Committee. The committee will be more than glad for any suggestions from the members for increasing this Fund.

The committee recommends that a calendar be issued again this year for the benefit of the Relief Fund and that the members and affiliated associations include the raising of money for the Relief Fund in their programme of work for the year.

Respectfully submitted,

L. A. GIBERSON, Chairman
 SOPHIA F. PALMER
 ADDA ELDREDGE
 MRS. C. V. TWISS
 MARGARET MONTGOMERY

MISS McISAAC.—I should like to make a little clearer what a tremendous piece of work the calendar has been. Those who undertook to distribute it locally will understand what it meant to distribute many thousand as did Miss Giberson, with Miss Culbertson's aid. The Executive Committee has voted that the receipts from the calendar for this coming year be devoted to the Relief Fund. No doubt before the annual meeting of next year we shall have exceeded our goal of ten thousand dollars, when we will begin to have a small income and can use it. In the meantime the Relief Committee will work upon the conditions upon which application may be made for benefit from the Relief Fund. Of course our Fund must be many times ten thousand dollars to be of any benefit to this association, and it is going to be a matter of years to bring it up to that point. We are also under obligations to Miss Minnegerode, who prepared the manuscript entirely by herself. Last year we did not realize that a large number of the state associations have their meetings in October. If the calendars had been ready then, there would have been a large sale for them. It is planned for this year to have the calendar ready by October, if possible.

The report of the Red Cross Nursing Service was given by Miss Delano. (The text of this report has not been sent to the secretary for publication with the Proceedings, but it covered very fully the ground that has been gone over in the report of flood relief work as published in several preceding numbers of the JOURNAL.)

MISS McISAAC.—We have in the audience an honored honorary member who has been very active in Red Cross work, Mrs. William K. Draper.

MRS. DRAPER.—I learned a very bitter lesson about fifteen years ago, when the Spanish-American War opened and I wanted to do something for my country. It seemed to me the only thing I could do was to take care of the sick soldiers, but that I was not allowed to do; I was not a graduate nurse. I therefore made up my mind that I would have to take up work which could be done at home, which was to aid in the collection of money and to send forward supplies in order that the nurses who had gone to the front would have material to assist them in their work.

In New York, when any great calamity comes we put our shoulder to the wheel by raising funds; and at the time of the Ohio floods the New York Chapter of the Red Cross at once went to the mayor of the city of New York and asked for his coöperation, in order that the citizens of New York should turn their money, which we knew would come in fast and generously, to the Red Cross and the work that was being done under that flag. The mayor responded splendidly because he had tested the work of the Red Cross and knew that the work would be done well. In order that we should not fall down this time we worked hard, because we knew the need was great. As secretary of the Chapter, and also as Secretary of the State Board of the Red Cross, I got

Governor Sulzer to issue his proclamation. I spoke with him by telephone at the same time that the mayor of New York issued his proclamation, asking that the funds go through the Red Cross channels. I do not remember just the amount raised, something over \$600,000. It was raised, however, through the coöperation of the state government, the city government and the Red Cross Chapter. It meant a lot of work in connection with the newspapers, because we depend on the publicity gained through newspapers for all of our funds. We send out no personal appeals. Our office was small, in the building at 105 East 22d Street, but it seemed always to take in as many people as were necessary to do the work. We were crowded, the telephone was ringing every moment and there was not only a continuous telephone service of people wanting information as to how to give money, how to reach their friends, and how to get information about their friends, but the door was hardly ever closed because of the line of people coming for information and to give money. The people who came in during the luncheon hours, between half-past eleven and two, were more interesting than any others to me. So many working people came and left us five cents. Now when people come personally and give you five cents it means more than many a ten-thousand-dollar check, and it was often with tears in their eyes that they said they wished they could give more.

Those things make the Red Cross work, even at home, a vitally interesting and vitally important thing. The Red Cross work stands out to us who have ever had any share in it as something that we will always remember and always work for.

I don't know of any more valid part of the Red Cross work to those of us who are interested in it in general than the perfectly splendid Red Cross nursing service. And if we have another war and the Red Cross can have the opportunity of putting those graduate women into the field, the Red Cross can show what it can do when organized. We were not organized at the time of the Spanish-American War and it was because of that that this splendid organization is growing now and this American Nurses' Association, no matter whether it is war or peace activity, is going to have about the largest share of the work that will have to be done.

THURSDAY AFTERNOON SESSION

The meeting was called to order at 2:50 P.M.

Miss McISAAC.—The subject of state registration is one that we have considered many, many times in our sessions and probably will for some time to

come. We are to be congratulated upon securing for our speakers those nurses who have gone through the strife and stress of work in securing state registration in many parts of the country.

The session will open with a general résumé of the subject by Mrs. Frederick Tice of Chicago.

GENERAL RÉSUMÉ OF STATE REGISTRATION

By IDA M. TICE, R.N.

You will agree with me, I am sure, that the history of a ten years' war cannot be given in fifteen minutes. I have only just touched the subject.

If it is true that no great and good thing comes simply for the asking, but requires a struggle to gain it, then state registration for nurses stands as a typical illustration, for to this, more than to any one other object, has been devoted the energy of nurses all over the world in the last decade.

Twelve years ago at a meeting of the International Congress of Nurses held in Buffalo, N. Y., Mrs. Bedford Fenwick, then president of the International Council, said, regarding registration for nurses: "I would suggest a measure in broad outline, which would, I imagine, be easily adaptable and, with variation of details, equally applicable to every country. It being admitted that the nursing of the sick is a matter which closely affects every class of the community, and that it is therefore of extreme importance to the public welfare, that those who undertake the responsible duties of sick nursing should be not only absolutely trustworthy, from a personal point of view, but skilled also in their technical duties, it follows that it is the duty of the state to provide public safeguards in this matter." Mrs. Fenwick outlined in her paper, read at this time, a plan of such an undertaking and suggested a Central Nurses' Council to define a uniform standard for all boards of examiners, which, had it been adopted at that time, would have simplified the work of legislative committees in the various states, insured greater uniformity in registration laws, and materially reduced the expense of legislation.

In 1899 South Africa passed a bill giving legal recognition to its nurses, and though South Africa was the very first nurses' law passed in the world, it came about in an unusual way. Legal recognition was about to be given to the medical profession and the pharmacists under one board, and the nurses seeing their opportunity sought and obtained registration under the same law. New Zealand passed a nurses' bill in 1901; Great Britain and Germany have struggled for many years but have not yet secured registration.

At a meeting of the Associated Alumnae in Chicago, in 1902, four states reported the organization of state associations for the purpose of securing state registration: New York, Illinois, North Carolina and New Jersey. I cannot refrain from quoting from the New York report, written by Miss Dock, and read at that convention. In speaking of things *possible* through the law, and those impossible, she said: "The fundamental possibility of law is, that we can through it affect and improve the course of training given by training schools. We can work for that and we *must*. The limitation is, that not through or by any act of legislation can we make an ethical, an honorable woman, that is the impossibility; and so, after all our work in law-making is done, we have only affected the lesser thing and left the greater untouched, for the woman will always be the most important, more important than her education, though we all realize the great importance of that." I wish to remind you further of a suggestion made by Miss M. E. P. Davis at this same convention, that conditions should be brought about, whereby the trained nurse might be given legislation without throwing anybody out of work. She said: "Let us get state registration to give us proper status, but let it work no hardship to any one."

I mention these points to demonstrate the fact that our attitude was, at once, that of consideration for the women who might *not* profit by a registration law, in spite of the fact that we have met, at every turn in our strenuous legislative campaigns, the charge that we were a trust, a monopoly, organized to control the price of nursing and make nursing care to the poor man prohibitive, and to take the means of livelihood away from the untrained women.

One year later, at the convention in Boston, in 1903, four states had secured a nurses' law, North Carolina, New Jersey, Virginia and New York, the Illinois bill had successfully passed both houses, but was vetoed by the governor, and so 1903 marked the beginning of laws for the registration of nurses in the United States. We here recall Miss Isaac's advice, "to make haste slowly," and that if we had registration in ten years we would be doing well. Today, just ten years later, it is our privilege to look with satisfaction upon the last decade, with the happy realization that the sought-for object has been obtained, and should any of us feel that ten years was, after all, a long time in which to make registration almost complete in the United States, let us take comfort in Miss Riddle's reminder that it took thirty years to get registration for *doctors* in the state of Massachusetts.

State registration has certainly had its effect upon the educational standard of training schools. It has brought about a more uniform standard in the teaching and requirements, and thus is our dear Mrs.

Robb's dream, in a measure, realized. The ideal requirements which she saw in the future is near at hand. That future will soon be the present. Perhaps the most important step forward can safely be said to be that of affiliation, which means so much to the small and special hospital. That it is meeting which much favor is evidenced by the fact that each year adds to the number of schools offering affiliation. One large school has 24 applications which would seem to prove the demand for it. It is the rare exception that pupil nurses are sent out on private duty. Wonderful changes for the better have been brought about through state registration, for where a state recognizes the nurse as an important factor in the community in which she lives, hospital authorities are forced to accord her the same recognition, and to treat her with consideration commensurate with her position.

State inspectors of training schools report great improvement in nurses' homes, especially those connected with the smaller institutions, and now that women have the ballot in nine or ten states we can hope for even more desirable conditions in the future. There are 49 states in the Union; 37 have laws for nurses, 27 of these have examining boards composed entirely of nurses; 7 have compulsory laws; and 2 have state inspectors of training schools. A large share of the credit for success in New York and Illinois must go to the women who have devoted their best efforts, time and energy, on meager salaries, to the general improvement of training schools.

Uniform standards for the training school course are still far from satisfactory. The first training school, in 1860, began with a one-year course, then a two-year course was quite generally adopted. Today we are working for a three-year course with an eight-hour system which would seem to prove, in the six states requiring a three-year course, where the eight-hour system can be satisfactorily adjusted, that the objection to three years, on the ground that the nurse leaves the school physically worn out, is unfounded. On the contrary, a longer course and a shorter day send the graduate out of the school both mentally and physically stronger than do a two-year course and a twelve-hour day. We have in 26 states a two-year course; in 1 state, a two-year special, and a six-month general; 6 states require three years. The requirements of the remaining states I am unable to quote.

As to the minimum educational requirement in the various states, it has been difficult to obtain very satisfactory information: 6 states require high school or the equivalent; 2 require one-year high school or the equivalent; 7 require grammar school. In states not specified, the educational requirement is regulated by the examining board.

The age limit has perhaps caused more sleepless nights than any

one point. Miss Nutting once said: "Age is often a matter of circumstances rather than years, the way in which those years have been spent, the responsibilities they have brought, rather than their number, tell the story, and frequently prove a more correct guide in helping to decide as to the fitness of the applicant." As we cannot make laws to suit the individual, we must make the individual suit the law. One state registers at 18; one at 19; two at 20; fifteen at 21; one at 22; and three at 23. Reciprocity is a sickly infant which, with proper food and careful handling, may grow and develop into usefulness.

The bed-capacity regulation in the past has been more or less a fake. Many a hospital boasting a fifty-bed capacity has revealed to the careful and insistent inspector the fact that this number included beds for nurses and employees.

To the pioneers in the struggle for state registration for nurses, to the women who have been in charge of legislative work, who have devoted, at great personal sacrifice, time and strength in unstinted measure—to better conditions for the nurses of the future—to those women the nursing profession in the United States owes a debt of gratitude. No single effort has counted for more to further this great work from its beginning, than that of our faithful editor of the *AMERICAN JOURNAL OF NURSING*, Miss Sophia F. Palmer.

Mathew Arnold said, "The true end and aim of life is the endless expansion of its powers, in endless growth and wisdom and beauty, not a having and a resting, but a growing and a becoming."

SOME STATE REGULATIONS UPON THE APPOINTMENT OF THE FACULTIES OF NURSING SCHOOLS, THEIR NUMBER, PREPARATION AND STATUS

BY ANNIE W. GOODRICH, R.N.

AS WE have listened in the past two days to the reports, papers and discussions we could not fail to be encouraged by our progress, stimulated by our wealth of opportunities and awed by our very great responsibilities. Unconsciously, I think, the dominant note has been, and it has been the dominant note of every nurses' convention that I have ever attended, the need in every branch of work for the exceptional woman, and the need of this exceptional woman, if she would measure up to her opportunities and responsibilities, of a very special preparation.

But the demand for special preparation is not limited to the various fields of nursing; it is world-wide today for all workers in the pro-

fessional or vocational field, for this is the day of the educator and the age of specialization, and if we would keep pace with the educational movement we must keep closely in touch with the great educational systems and see to it that they contribute a just proportion of their riches to our important work. One of the heaviest assets is the knowledge born of long experience of the standardizing of schools and to them we should turn when we are considering establishing standards and the need of such standardization cannot be denied. The variations that now exist from every standpoint, hospital and training school construction and equipment, clinical material, administrative and teaching staffs, you are all only too familiar with.

I believe the two most important factors in raising the standard of our profession are the quality of the pupil and the strength of the faculty. I will go further and say that since the quality of the pupil is in no small measure dependent upon the strength, mental, moral and numerical, of the faculty, that the *most* important factor in our professional progress is the faculty of our schools.

I have gone into a hospital, wretched in construction, pitifully limited in equipment and I have found a school, and again I have gone to an institution and found a perfect workshop and well-drilled workmen, but the golden fruit of the tree of knowledge was never plucked, though there was many a hungry workman there. I have found in one small hospital, with limited resources, a superintendent with three assistants and a resident dietitian, and in another, with apparently considerably greater resources, a superintendent with one assistant only. I could give many similar examples. Why these differences?

Mrs. Florence Kelly, speaking recently at a dinner given to one of the most prominent members and educators of the nursing world, chose as her theme, "Vision and Detail." To me it seemed to typify the perfect school of nurses and the perfect nurse and perhaps the more so because what she said so harmonized with the conclusions reached during the past three years' study of the machinery of education. The instruction in the elementary schools must be confined to facts, just as many as can be crowded into those few years of schooling required by law for those who must become self-supporting at the earliest possible moment. In the secondary schools come the reasons behind the facts, and here are sown the seeds of vision. To the college graduate Mrs. Kelly attributed the vision but she emphasized the fact that vision without grasp of details fails of fruition. The strength of our schools of nursing has unquestionably lain in the drilling and in mastering of details through the practical work in the wards of the hospital.

Must we not see to it that the preparation of our nurses lies in the hands of women of vision and must we not then go further and make it possible for them to obtain the necessary assistance from every standpoint to efficiently carry on their schools? Says an authority on education in a recent report: "The first essential in standardizing is to determine the standard and having done that, to place the enforcement of it in the hands of a competent body." We have in a few states found the competent body. In Arkansas the attorney-general has determined that the state board of education is the only body within the state authorized to issue charters to training schools and as a result that board is coöperating with the state board of nurse examiners in determining standards for these schools. In Manitoba, I am told the strength of a weak law lies in its administration having been placed in the hands of the University. In New York State the strength of our nurse practice act lies in the placing of the control of the registered schools of nursing in the hands of the regents of the University; and there are probably other states where the laws are so administered. But if we have found or are finding the logical bodies of control, are we not failing if we are not prepared to go to them and say, these are the standards which we as a national body, out of our experience, have determined upon as absolutely essential for schools whose graduates are charged with so great a responsibility as the public health?

This is my brief message to you today. I am not prepared to say that the principals of our schools shall be college graduates but I am prepared to say that if the Teachers College of Columbia University is demanding the completion of college for women preparing as teachers in the high school, that we should not be willing to consider that a nurse whose preliminary education was limited to one year of the high school or an equivalent is educationally equipped to take charge of a school of nursing. I have not stated what the number, preparation or status of the faculty should be. I do not think these are questions for one woman to decide, but to be determined after careful study by a committee, and I would recommend that this Association refer this important matter of standards for faculties of schools of nursing to the Committee on Education of the National League of Nursing Education, asking for a report at our convention next year.

SHOULD THERE BE A NATIONAL COMMITTEE ON AMENDMENTS AND STANDARDS? IF SO, HOW SHOULD SUCH BE ORGANIZED?

By MARY C. WHEELER, R.N.

UPON the affirmative side of this question the following might be said. Any organization of nurses would be able to look to such a committee for data regarding either good or bad points to be followed or avoided in the organization of their associations. To such a committee could be referred matters which might be a duplication of effort. It might advise in case of amendments to laws relating to nurses and providing for their registration, and provide such data and other literature as might be used by states seeking to amend their laws, thus bringing pressure to bear on legislatures which would be more valuable than if it were looked upon as a local nursing measure. It might also be able to give advice as to the best method of procedure in order to have legislative measures passed.

Upon the negative side of this question might be stated the following points. The forming of such a national committee would mean that some further provision than we now have in our various societies would need to be worked out, thus adding (with apologies to Miss Dock) "another coil to the serpent." A majority of the states have laws relative to nurses, which have been made to conform to state conditions and this advice and data might be too late to be of value to them. The present national organizations have such officers as will keep each organization within its own line of work, so that duplication of effort is not likely to occur to any large extent. A national committee would need such funds as would enable it to organize, to be maintained and to grow. Our funds are now spread out to such an extent that a new exit for them seems to meet with the reply, "It might be a good thing but we really cannot afford to do it."

Nursing is judged, in a large measure, by the results produced. To get the results we all hope for, two points must be recognized, first, the standard which the schools for nurses require of their applicants; second, the teaching, both practical and theoretical, which the schools give their pupils.

Regarding the question, Should there be a National Committee on Standards? the following points might be made in favor of forming such a committee. There are the questions of age limit, educational requirements, health and moral character standards of the applicant which are common to all schools and before all nurse examining boards.

There are the questions of teaching the practical and theoretical work, and the uniformity of teaching, which are common to all schools. Such standards as might be recommended by such a committee would tend to make the teaching in the schools much more nearly uniform, as far as minimum requirements are concerned, and also, standards advocated by an outside body are often extremely helpful to superintendents of nurses in enforcing standards. Again, the best way to secure exact knowledge of schools for nurses is to visit the schools and procure this data, right on the field of action. This means inspection and it would seem right that the lines upon which this inspection should be made are upon minimum uniform requirements. Uniform requirements in the various states would lead to a better understanding of registration reciprocity.

Our opposition on this point might say that no committee should make minimum admittance requirements for schools for nurses, as the standards must vary in different parts of the country; that each superintendent of nurses should be given the authority to choose her own material as meets the need; also that the theoretical and practical work must be in the hands of the superintendent of nurses to manage as best she is able.

There are probably good reasons on both sides of this question and this paper makes no effort to advise upon it, merely to bring the points before you for your thought and to open up discussion. Experience has shown all of us, however, that superintendents of schools for nurses are working hard to either bring their schools up to a standard or to keep them up to a standard, when, in reality, there has been no uniform standard.

How should such be organized?

The second part of this topic for discussion, deals with the organization of such a committee, if it should seem advisable to form one.

The amount of good which has followed the work of our far-reaching committees cannot be estimated, but we are very likely to concur in the opinion that their work has been very helpful. It would seem as if the work of a national committee could be broader than for the help which might be given toward amendments and standards alone. It could be a bureau of nursing, a place from which could radiate facts, advice and help to various groups of nurses who were trying to further nursing education, to improve standards of nursing and to avoid duplication of effort. Such a bureau, started under the auspices of the American Nurses' Association, could ask for a representation consisting of three members of each of our three national organizations, together with three from each of the Red Cross Nursing Service, the Nursing

and Health Branch of the Teachers College Alumni Association, the Registration Boards, in case they do come together, and from the American Hospital Association, each association to be asked to appoint its representatives one each from the far west, the middle west and the east. There would be 21 members in all, with at least 7 available members for a meeting at each annual nurses' meeting, reports of this annual meeting to be sent back to the associations represented for their minutes.

The question of financing such a national committee or nursing bureau is necessarily an important one. Whether or not it could be considered important enough for each society represented to authorize a certain amount of its funds to be placed at the disposal of such a bureau for its work, and whether or not it would be possible to make some charges for literature, data, etc., which might be sent out, would need to be considered carefully. Data compiled by such a bureau would be of great value as a basis of the study of nursing conditions throughout this country, as a basis of comparison between the states, and as a basis of an exhibit of the nursing data in America to be presented at the International Congress of Nurses to be held in San Francisco in 1915.

IS COMPULSORY REGISTRATION DESIRABLE AND HOW MAY IT BE OBTAINED?

By MARIETTA B. SQUIRE, R.N.

To THE visiting lady we have looked for the newest ideas and latest theories and, if she be from the middle west, for the practical solving of the perplexing questions that confront us. If I venture to speak on this wide and complex subject for a small and inexperienced home group, it will be from the standpoint of, I believe, the truth of which may have no bearing on the absolute truth, or the suggestions made on the working out of the larger design. Again, using Wells to express it for me, I will assume that we have as a common foundation that desire to shape our general activities to the form of a public-spirited life, and when at last the life of every day is summed up, to leave the world a little better than we found it. With this for our aim and ideal, what form shall our working activities take?

Keeping in mind the fact that a law fixes a minimum standard, which should be broadly interpreted and charitably administered, during the early and difficult period of adjustment, we are brought to consider the law as it now exists in the thirty-nine States which have secured

legislation. Of the thirty of these whose law is permissible only, the following questions should be asked: Is the law being lived up to? What has been its effect on the profession and public? Wherein has it shown itself to be weak and ineffectual? Would making it compulsory remedy such defects? Under its provisions, who are the unregistered, and why? Would they add to the strength and uplift of the profession if compelled to register? To what extent have they interfered with the fulfilments of beneficent provisions?

To these questions many and varied answers have been given according to conditions and experience. The consensus of opinion shows the influence and effect of a law to have been beneficent and elevating in spite of any hardship it may have entailed or the indifference and opposition it has met.

Of the other nine states whose law is compulsory and in one or two, not yet in operation we would ask: To what extent are you able to enforce it? Are there any records to show a comparative gain in standards attained or benefits conferred over those states where the law is only permissible? What becomes of the delinquent? The answers to this group of questions I am hoping today's discussion may bring out.

A waiver period, varying from two years to an almost indefinite time, suggests two more questions concerning both forms of law. Has any law been in operation long enough to have fully tested its possibilities and value, or to permit us to judge which form should prevail? Until statistics are more comprehensive and systematically compiled, have we any way of learning actual results under either form? If after such statistics are obtainable, it can be shown that the existing laws in the majority of states, having been lived up to in their fullest and best sense, still fail in accomplishing the purpose for which they were enacted, or that their greater efficiency depends upon their being made compulsory—then in order that the benefits registration was intended to confer, may be enjoyed by all desiring them, and protected against the harmful interference of the indifferent or unworthy—all nurses must be compelled to seek registration or other fields of work.

The obtaining of a mandatory law would seem to be along the same way as that of its predecessor, education, by the choice of right material; by giving an honest training; by instilling right ideas of her larger duty to her profession in the mind of the pupil nurse, so that whatever branch of her calling she chose to follow, she would seek and extend intelligent knowledge concerning it; by securing appropriations for an inspector of schools in each state; by placing on examining boards women who can and will give conscientious assistance to all schools needing and seeking it. Further, by making registration a condition

for eligibility in all branches of civil and social service and institutional positions, as well as for membership in societies, organizations, clubs, registries, and even residence in nurses' homes. This in itself would seem to imply the survival of the fittest and the gradual lessening of the unfortunate and inefficient class, some of whom we shall always have with us to educate and protect, and even the unworthy and vicious who, in the light of today, are found to need care and assistance, as well as, and sometimes rather than, punishment.

These suggestions are based upon the limited experience one year's permissible law affords, and the opinion, so far as it could be obtained, of those who are giving the most effectual aid in carrying it out. While for this state, according to this experience, a compulsory law is as yet neither desirable nor feasible, the opinion held is open to conviction; the outlook, upward; the admiration for those who have further attained, hearty; the sympathy with all efforts for true betterment, along whatever lines they may lead, most wide; and the desire to coöperate in the obtaining of what is determined to be the best for all, earnest and sincere.

FUTURE ADMINISTRATION OF REGISTRATION LAWS

By LUCY C. AYERS

IT WAS my privilege earlier in the month to attend the fortieth anniversary of the founding of my own training school. One of the interesting features of the occasion was a paper prepared and read by a member of the board, giving the history of the organization and development of the school. The motives which prompted these few brave and devoted women to organize a school for nurses were primarily to provide better nursing care for the unfortunate people who were obliged to go to the public hospital when overtaken by illness; secondarily, to train women sufficiently to enable them to care for the sick in the homes of those able to pay for skilled nursing. The public indifference or direct opposition to the scheme; the financial difficulties encountered in securing funds sufficient to establish and maintain the experiment; the scarcity of material from which to select a head for the school; the problem of food and shelter—(only an unused ward on the top floor for a common dormitory, a room in the basement for a dining room). You all know more or less of the early struggles of the four schools started at this period. It must be a source of satisfaction, to the few women still living of that group, who were the pioneers in organizing training schools for nurses in America, to witness the grad-

ual evolution from this humble origin to the present-day school for nurses. In reviewing the events of the day in my room before retiring my heart was deeply stirred by the story of the early struggles that tested the faith of these devoted women who had inaugurated an entirely new movement and inspired followers. How much we owed to their courage and persistence! How meager the opportunities and comfortless the home life of those early pupils, and yet how loyal and enthusiastic those women are yet! Further reflection revealed as serious problems confronting the women interested and responsible for the education of nurses today, as faced these women forty years ago. The same belief in the righteousness of our cause and vigilance to pursue it are needed today as those pioneers had then to gain their victory over adverse conditions.

The future administration of our registration laws rests chiefly in our ability to overcome the commercial tendency that dominates the control of our hospitals and schools for nurses today. We find no opposition to registration laws except that based upon the saving of dollars and cents. High standards of entrance requirements have been opposed solely for the reason that the supply of cheap labor for care of patients and work of wards has been lessened thereby. Statutory demands for more and better prepared instruction and equipment for teaching have been met in the same spirit, expenditure of money would be involved that hadn't been spent for that before. Hospital authorities prefer more often to invest capital in imposing structures with entrances suggesting state capitol rotundas, than to develop the educational function of the hospital. The private and special hospital has opposed needed affiliation for its pupils on the ground that the valuable services of the pupils were lost when rounding out their experience in other hospitals. We find it difficult to convince governing boards of hospitals that registration laws were made to protect the public from poorly prepared nurses, and that the working of these laws protects the pupil nurse as well. If we cannot make the hospital live up to its legal obligation to the pupil, we must educate the public to demand the nurse who meets the requirements of the law, and be responsible if need be for her education. Upon the nurse of today rests largely the responsibility of selection of and opportunities for the pupil nurse tomorrow. We must uphold and strengthen our law, constantly striving to elevate and maintain the standards that will produce nurses equal to present-day demands. The large army of private duty nurses must not shirk their obligation on the shoulder of their sisters in educational and administrative duty. The private duty nurse comes in closer contact with people of influence and means and can accomplish

much in securing the public interest in nursing education. A wise and shrewd hospital superintendent once remarked that he made special effort to retain the interest of the graduates of the training school in the hospital and its needs as nurses were often present when patients were making their wills, and might suggest the hospital as a worthy object for bequests. I made a mental comment as to the excellent opportunity likewise afforded many nurses to suggest the needs of her school, as well. Whatever has been accomplished toward better preparation of nurses for their work received its initial impulse from the realization by nurses of its imperative need, followed by the effort to secure it. It rests with us collectively and individually whether schools for nurses continue largely as working bodies to furnish more or less skilled labor for care of hospital patients in return for minimum preparation for the widening fields of usefulness open to graduate nurses today or whether we make philanthropic citizens see the need of permanent support and endowment to bring our schools for nurses in line with other educational institutions whose graduates perhaps are far less concerned with the betterment of physical and moral conditions today than are nurses. If we can arouse sufficient public sentiment in the interests of nursing education, we need have no fear for future registration laws or their administration.

THE VALUE OF REGISTRATION TO THE INDIVIDUAL NURSE

By LOUISE PERRIN, R.N.

(Read by Mary B. Eyre)

TWENTY years ago American nurses began to feel the need of legal status, and also to feel that if they did not take care of their own affairs, outsiders would undertake the task for them. The national society could not take up the subject of securing state legislation because each state must make its own laws; so this led naturally to the formation of state societies in over forty states. It is the coöperation and organized effort in the associations that has been the means of securing registration.

North Carolina, in 1903, was the first to secure state registration for nurses. In 1913, thirty-seven states have such laws, and nine of these have compulsory laws; twenty-seven of these states have recognized the rights of nurses, and have given them a full board of nurse examiners. What a marvelous piece of constructive work has been done in the last ten years!

Some of you say: "Is not the diploma from a training school a sufficient guaranty of skill?" Unfortunately all schools are not alike. In some states trained nurses are made to order in six weeks. Legislation is causing the slow death of the correspondence schools. It is true that in order to secure registration in a chosen state a nurse must first show her diploma; but that is only one item. She must be a graduate of at least two years' training, and that training must be general, covering medicine, surgery, gynecology, obstetrics, eye, ear, nose and throat, and dietetics. Not only must a diploma be shown, proving that this ground has been covered, but the nurse must be guaranteed by her superintendent morally as well as mentally, and also by two other members of the profession, whose standing is assured and above criticism. Then and then only is a nurse considered eligible for registration. If this rule is carried out as strictly in all states, as it is in some, the standard is necessarily high, and a nurse must be a good nurse and a good woman to reach it, and she must reach it to be permitted to practice her profession. This is bound to place the nursing profession on a high plane and keep it there.

Who has not heard the question, "Of what benefit is registration to me?" Registration has benefited and elevated the whole profession, and what benefits the whole, benefits the individual; but to get gold out, one must put gold in. The title—"State Registered Nurse"—implies the possession of honor, dignity and genuine worth, putting a stamp upon the nurse so that she will be known to the world as sterling. The registered nurse of today does not need a chaperone and a proper introduction. State registration is of vital importance, not only to the graduate nurse but to the public, to the hospital and to the pupil. It is the only way the public can be protected in its rights. People soon learn through their physicians and friends that R.N. stands for competency. If they have a nurse who is not an R.N., or who calls herself one, but about whom they have doubts, they can learn all about her from the records on file at the nearest registry, and the nurse can be compelled to sail under her true colors.

Registration is the only thing that can maintain a just balance in the profession. The laws have brought nurses in the different states closer together, and each state securing a law has encouraged some sister state to be more progressive.

State registration has raised the standard of the training schools by requiring a certain amount of preliminary education; a more uniform period and course of training, a better preparation of the probationer, a better application of theory to practical work, a better and closer supervision of the practical work, a closer supervision over the

health of the nurse, necessitating shorter hours and pleasant environments during the hours of rest and recreation. These requirements call for better methods of teaching; hence instructors are selected for their ability to teach. The schools are abandoning the practice of placing their own graduates in charge, as no institution is so perfect that it cannot learn something from another institution; and also of sending their pupils out for private work while in training. When the training schools sift their nurses like wheat, then there will be better women to be registered, and when hospitals are organized on the principle that they will take nurses for the purpose of educating them, and not for the nursing of the sick at a minimum expense to the hospital, then we shall have truly trained nurses.

All of the laws have their weak places; laws cannot put the un-ethical nurse out of existence; they cannot *make* good nurses nor honorable women; they cannot change the character of the nurse; but they can expose the nurses who sail under false colors, and the nurses who have had a partial course, and who have been expelled for incompetency or worse faults, and who call themselves trained nurses.

The undergraduate of today is the superintendent of tomorrow; so it is in the hands of the superintendents of today to sound the keynote for the nursing profession of the future.

Has not state registration played a part in the call for post-graduate work? The standard of the profession has been raised by registration. A nurse has either been away from her training school so long that she is not quite up to the more modern methods of work, or she has graduated from a school that is not up to the average. In either case she finds it difficult to meet the requirements of the state board examination, and brings herself up to the standard by a post-graduate course.

Registration has produced a demand for central registries where all nursing interests in a community can be concentrated. State laws have brought about the affiliations between the special and general hospitals, and between the large and small ones, thereby affording necessary variety of training for the pupils.

Registration is helping the Red Cross Committee on nursing service to enroll the very best nurses. Is it of any value to a nurse that an association requires its members to be registered? Yes, it is of value, because no nurse can be registered until the state board or committee have proven her to be mentally and morally fit to take her place in the nursing world, and every nurse will soon learn that an association composed of registered nurses means an association composed of the best representatives of her profession.

The progressive hospitals and superintendents who believe in registration, and want their nurses to meet its requirements, want their nurses to be perfect in every branch, and are making dietetics and a practical training in the diet kitchen, under the management of a graduate of a school of domestic science, an important part of the curriculum. As some hospitals are not built to afford room for a diet kitchen, a demand has arisen for domestic science schools in several communities.

The day is not far off when the nurses' law of each state will be amended so as to protect absolutely the word *nurse*; then only, the truly-trained nurse will act as nurse. Now that everyone is willing to admit that nursing is the one profession where women excel men, we may expect state registration to pave the way for the appointment of nurses on boards of hospitals and training schools.

Every step in advance brings greater responsibility; so registration has widened the fields of usefulness and power of the nursing profession. Our ideals in regard to registration change from year to year; they cannot remain fixed, they must grow if we wish to be worthy of our responsibilities and our opportunities. Progress and education are our watchwords. The full value of registration cannot be estimated. Now that we have laws in so many states, it is the duty of each individual nurse to feel her personal responsibility in intelligently sustaining those who bear the burden of administration. It is only through active, intelligent coöperation of individuals, and a close affiliation of organizations, that we can keep step and lift the standards already obtained, to a higher plane during the next ten years.

COÖPERATION OF GRADUATE NURSES' ASSOCIATIONS WITH STATE REGISTRATION

By EDNA HUMPHREY, R.N.

The importance of such coöperation is apparent, and it is hardly necessary to spend time in emphasizing this phase of the subject. The question to be emphasized is, how can this coöperation be most effectively secured? As a general proposition this coöperation can be effectually exercised in two ways; first, by assistance in securing appropriate legislation, and second, by education. Legislation is important, and proper laws should be upon the statute books of each state in the Union. This is one question that should command the attention, the coöperation if you please, of all those who are interested in the welfare of our profession. More important still, however, is education. In fact edu-

cation must always precede effective legislation. What we want is education that will lead to higher standards, more perfect equipment, better endowment, and a stronger sense of duty in the individual nurse, and that will also help to eliminate the incompetent and the undesirable.

Perhaps the best introduction to this subject that I can give to the Association would be to recite briefly what we are doing toward coöperation in my own state of Indiana. The state association has a committee on legislation. This committee, as the name implies, has as its purpose the securing of needful legislation and the prevention of such as may be detrimental. One member of the board of examiners is on this committee. The association has taken great interest in this work and has furnished the necessary funds for the legitimate expense of this committee. The state association also requires that the members of all societies affiliated with it must be registered. We have found that this requirement is a great influence for good. The secretary of the state board is made a member of the executive council of the state association. By extending this favor to the secretary great advantages accrue to both organizations. The president of the state association appoints a committee of five known as the examiners' council. This committee consults and advises with the state board on all matters relating to the education, training and qualification of nurses. This coöperation is of the highest importance and the benefit derived therefrom cannot be overestimated.

The secretary of the state board reads a full report of the yearly work of the board at each annual meeting of the state association.

Some member of the board reads a report regarding the examination papers of applicants for registration at the annual meeting of the Society of State Superintendents. This report always contains many things of interest and value as well as much that is amusing and ludicrous.

These are some of the methods of coöperation followed in Indiana which have resulted in great benefit. Their importance has been vital. By coöperation we have accomplished much, but there is more to be done. Greater coöperation is needed. More earnest and more active work along the lines mentioned as well as others to which I have not referred is necessary.

No one is in a position to do greater work, or give more effective coöperation for the good of the profession than the superintendents of training schools. Their influence on the pupils is perhaps greater than that of any other one power. With them, to a far greater extent than many of us realize, rests the determining influence as to the character, the action and the ideals of the individual nurse, and with the individual

nurse in the last analysis rests the character of all our societies and organizations, and indeed of the entire profession.

The individual nurse also owes it to herself and to her calling to coöperate with societies and teachers in doing what is for the good of the profession. I have often thought that if the individual nurse did but fully realize how great a help she can be in uplifting and placing on a higher plane the noble work to which she is consecrated, she would be encouraged to greater endeavor along these lines.

What we need, what we desire, what we must have, we who are of the State Board, doing the best we can to secure better work and create a higher and more honored profession, is the coöperation of associations, teachers and nurses. Through this coöperation must come the strength and the unity and the power that will bring highest success. We want coöperation to the end that we may maintain a standard of ethics that is not measured alone by the dollar we earn, that we may attain to higher ideals, and that our profession may be an ever-increasing power for good, a comfort and a blessing to humanity, a credit to ourselves, and an honor to that high calling to which we have dedicated our lives.

MINIMUM EDUCATIONAL STANDARDS

By BERTHA J. GARDNER, R.N.

TO THE nurse who graduated many years ago the opportunities of the present day for obtaining a liberal education seem wonderful, and there can be no reason for any unqualified nurse presenting herself for registration. My knowledge of curricula is too limited for me to venture to estimate the length of time to be spent in each line of work but so extensive are these lines that the usual requirement of state, laws, for a full two years' course in a general hospital, is the shortest period which would permit one to be fairly equipped.

The scholar should be a high school graduate, possess fair health, and have come from a home where she has learned at least the simple domestic duties, and a due regard for the possessions of others which may later be intrusted to her care. She should possess enough gumption—and it has been aptly said that if we do not know what that is, we haven't any—to be able, at the end of her course, to claim for her own use at least one bureau drawer, without giving offense to her patient. She should realize that whereas in the hospital she has been more or less of an autocrat, in private work not until she has proved her worth and her ability will her word be taken as law. She ought also to have

been instilled with a broad idea of her work; her responsibility to not only the individual patient, but to the community at large. She should be well informed in the practical care of the sick, and have sufficient theory to enable her to work intelligently if at any time called upon to do something outside her actual experience. We may assume her course to include anatomy, physiology, hygiene, sanitation, *materia medica*, dietetics and urinalysis. May I say one has far more use for the knowledge of the relative values of food, the best cuts of meat for actual nutriment, and an idea of something more than what is commonly given as sick-room cooking, than for elaborate experience in urinalysis? The nurse, of course, has learned medical and surgical nursing and what pertains thereto. Of obstetrical work she should have at least six patients, with full care of mothers and infants. While believing that all education is good, I think the use of the microscope and administering of antitoxins may wisely be left to the physicians, and that thorough knowledge of anaesthesia is rarely necessary. Massage is too difficult and laborious to be included in the regular course.

I think nurses should be prepared to care for male patients. I have seen many crude attempts at some treatments because "the orderly always did that." I believe she should be taught the use of the catheter. The necessary exposure is very slight, much less than for a female, and the fact that one knows how, may sink into oblivion until needed. Conditions in a hospital, with internes, are very different from those in a village where the doctor visits his paralyzed patient but once in twenty-four hours. The nursing of children is very important, and there should be more experience than is usually given in ophthalmic and orthopedic work.

The establishing of separate institutions for the care of contagious and tubercular patients makes one wonder where the nurses are to get this experience, but it is very essential and should be insisted upon, not allowed to be elective. No part of a nurse's education should be elective. Very few young women are fitted to decide what is best for them to know, and neither do they know what they may be called upon to do, nor what the public may think it has a right to expect from a registered nurse.

While feeling that three months' experience in the care of the insane would be invaluable, I am not fully prepared to advocate it as strictly necessary.

No nurse should present herself for registration without a full knowledge of her state law. She ought certainly to know the difference between state registration and a business registry, and a few good talks

during the last months of training would help many to whom the idea is quite new. I would like to add that every nurse should be a member of at least one nursing organization.

MISS McISAAC.—Through a misunderstanding, Miss Fletcher of Virginia is unable to present a paper on Reciprocity this afternoon. I will ask Miss Palmer if she will say a few words on the subject.

MISS PALMER.—Frequent letters come to the JOURNAL office asking which states have reciprocity with others; what the conditions for reciprocity are, and what reciprocity means, which shows that there is a growing need and demand for a greater consideration on the part of each state for the laws of other states. I believe and have always believed that reciprocity is a very important provision to include in every bill that is passed. In New York state, for instance, we do not have such a clause, and as time goes on there is great need, and a great many demands for that kind of exchange of courtesy, we might call it, between New York state and other states.

Just how the whole problem of reciprocity can be worked out I am not prepared to say without giving it a little thought, but it should be made a feature of every law that is made and states that have passed laws without including it should, in putting their measure forward for any kind of amendment, include reciprocity. It means the leveling up of the standards of all the states and if one state which has low standards cannot affiliate with other states because its standards are low, it is an incentive to that state to raise the standards of the schools and to amend the law and to do all the things that should be done to improve the status of nursing in that state. It is really a very great hardship, and is getting to be a hardship more and more, for a woman in good standing in some far section of the country to come into New York for instance, and I use New York because we have no reciprocity, and find that we have no provision which makes it possible for her to be registered without examination. There is great need for such a provision in our law and we hope when we have it up again for amendment, and that will be very soon, to be able to carry through a provision for reciprocity.

MISS McISAAC.—Miss Palmer and our two inspectors, Miss Goodrich and Miss Wheeler, who have spoken this afternoon, have had opportunity for knowing about the strength and the weakness of our state registration laws better than any of the rest of us, because Miss Goodrich and Miss Wheeler, in their work as inspectors of training schools in New York and Illinois, have been in touch with the largest number of nurses, possibly, there are in the country, while Miss Palmer's work with the JOURNAL and in New York State has given her an oppor-

tunity, and she has a faculty for absorbing knowledge that comes in that way that is given to but few of us.

I am sure after listening to these papers there is not a nurse who would not like to hear a thorough discussion of every one of them, but we have a very short time left. In going through the papers, in my mind I think that answers to some questions Miss Squires asked in her paper would be of immense interest to this audience of delegates. If you remember, Miss Squires asked some questions about how the laws work in those states which have mandatory laws, such as Colorado. I will ask Miss Eyre, who is a member of the state board in Colorado, to tell us something about it, because Colorado, I believe, was the first state that had a mandatory law and it is the one state, I believe where there is a mandatory law which is executed. It is one thing to put a law on the statute book and it is another thing to live up to it. I believe in Colorado they have been law-abiding and observe the law.

MISS EYRE.—I am very glad to have a chance to say a word in insisting for compulsory registration, because those of you who are anxious to get registration or a compulsory law will be surprised to find, when you once make the plunge, how easy it is to administer it, and after eight years of struggle in Colorado we are rather surprised ourselves that the thing can be enforced. The advantages are, first of all, to the training school people. You know it used to be that they would take in young women from the ranches and neighboring farms and employ them without giving them any instruction under graduate nurses and the pupils would come up for the state board examination from those little schools totally unprepared and improperly equipped. They had put in two or three, certainly two years, and most of them three, in an inadequate school. I assure you there were many tears and heartburnings when they were refused a license to practice under the compulsory law. The result was they went back to their schools and said, "Here, we have failed to pass the state board;" and the schools put in instructors. They changed the personnel of their heads and the institutions have put in better people to teach. At the last examination we examined over sixty young women and every one of them passed though there was no change in the questions. They were just as practical, of the same standing, as they had been in the first place. That is the first time there have been no failures and it speaks very well for the smaller schools of the community, which have been greatly improved. The compulsory law has benefited all nurses who come to the state and now that the thing has once been established there is very little trouble in enforcing it. I think it is only right to say we have been greatly aided because we have the vote, and the nurses' vote is quite a large factor politically. There are over fourteen hundred women who have been registered in Colorado, and

it would be rather a brave senator or a brave politician or a brave doctor who would wish to alienate the political backing and help of fourteen hundred women. We have had good backing from the state officials. The state attorney-general is always willing and ready to help the state law.

MISS SQUIRES.—I should like to know if there are any delinquents, what becomes of them and how you deal with them.

MISS EYRE.—Delinquents go to other states where they do not have compulsory laws.

MISS McISAAC.—That question of delinquents has forced state registration in a great many states, because where states found that they were receiving the cast-off nurses from other states they have hastened to pass a state registration law.

MISS GOODRICH.—It has occurred to me that it would be of very great assistance and power if this American Nurses' Association should prepare a statement concerning this question which could be presented to the legislature of any state in which a measure is to be presented. I am sure that if we had a statement from the American Nurses' Association, representing twenty thousand nurses, it would have had some weight. Even in New York state they continually say that a majority of the nurses in the United States are not in sympathy with this measure.

Moved by Miss Goodrich that a committee, as outlined by Miss Wheeler in her paper, be appointed by the chair, and that this committee should draw up a resolution that would express to the legislators measures for the advancement of the standard of nursing in the form of compulsory laws. Carried.

The meeting then adjourned until Friday morning.

FRIDAY MORNING SESSION, JUNE 26

The meeting was called to order at 10.30 by Miss McISAAC. The minutes of Thursday's sessions were read and approved. Invitations for next year's meeting were received from various bodies favoring St. Louis, Mo., Louisville, Ky., and Columbia, S. C.

A recommendation from the executive board of the American Nurses' Association was read that the meeting in 1914 be held in St. Louis, Mo.

MISS McISAAC.—To those delegates who have not been in attendance at these meetings for several years I beg to say a few words regarding this recommendation. We have had repeated invitations from St. Louis in other years and

although we did not last year officially accept an invitation for 1914, because it was not in our power to do so, yet there was, as far as we could make one, a promise that we would come. The Kentucky nurses have urged the need of a meeting of this association in the south, but Kentucky is not so very much further south than Missouri, and it is Missouri's nearest neighbor. If the meeting is in St. Louis it will be far enough south to make it easy for a great many nurses of the southern states to come, and as this invitation has been renewed so often, and as we have in St. Louis and in the state of Missouri as fine a body of nurses as we have in this country we recommended that the society vote for the meeting in Missouri in 1914.

Miss Toupet moved that the next annual meeting be held in St. Louis. Carried.

MISS McISAAC.—We will have the report of the Robb Memorial Fund this morning, which we were not able to hear yesterday. I would say in regard to the Robb Memorial Fund there is a sub-committee which has done the work and that sub-committee was composed of Miss Nutting, Miss Goodrich, Miss Maxwell, so Miss Nutting is going to make the report on the work, which has been done entirely by the sub-committee.

Report of the Robb Memorial Fund Committee:

MISS NUTTING.—The reason why the sub-committee has been able to work satisfactorily is because it has been left quite free to work. As we were looking into rather a new proposition for us, it was necessary to study the methods of giving scholarships by other foundations and other associations, and it took us some months to gather and study that material carefully to find out how it could be best utilized. After studying the plans and arrangements of about thirty different foundations, we came to the conclusion that nursing was a very special affair and that we had to arrange our plans of work to meet the needs of our own profession. So last year the committee recommended that scholarships to graduate nurses should be awarded in the places where work had been planned and arranged and where there was something to offer definitely to graduate nurses, and that was at Teachers College. There were six or seven applications adapted for work at Teachers College, out of these two were accepted and scholarships were given them. One was Miss Lisle Freligh, a graduate of the Illinois Training School, who entered Teachers College to prepare herself to become a teacher. She has been there during the year, has proved to be an admirable student, quite an original woman, very available. She wishes and intends to remain for another year. Another student also came from Chicago, Miss Cornelia Evans, who has spent a year, and at the end of the year has been appointed head of the training department of the Cleveland Visiting Nurses' Association. So that your first con-

tribution of \$400, to two scholarships of \$200 each, I think you may well feel satisfied with. These two students have been excellent women, excellent students, a good example of interest and enthusiasm, in every way helpful. One remains to go further in her work, we hope, and the other goes out into an admirable field of work waiting for her.

However, as a committee, we did not feel warranted in centering our interest in Teachers College. We wanted, on the contrary, to diffuse our interests and make scholarships available throughout the country as far as possible. But it is no use to offer a scholarship unless you have something which that scholarship leads to, and there are few places where there is any amount of organized instruction.

We have finally decided to offer a scholarship for next year to a nurse living in or near Chicago, who is interested in public health work and wants to take some work in the School of Civics and perhaps some field work either in the Visiting Nurses' Association or in connection with some other form of public health work which a small committee in Chicago will advise her about. That committee will be appointed, and a nurse who brings proper credentials, with a good previous education and work in a good training school and desires to do this work in Chicago, will be advised to whom to make application.

We also very much want to make it possible for a nurse to work in the Boston School for Social Workers with possibly some work in Simmons College; and Miss Beard, superintendent of the visiting nurses there, has kindly volunteered, with others, to help arrange the work of this student. So that if properly-qualified applicants apply to the scholarship committee there will be three scholarships, of \$200 each, awarded during the next year: one for Teachers College, to prepare for teaching work, for which there is a steady demand; another one for work in Chicago, another one for work in Boston. It is essential that such an applicant should bring good scholarship. The idea is not to help a mediocre women on, but to help a woman who presents some exceptional qualifications.

It has not been an easy task for this committee. They desire to know how the nurses themselves feel about it; because there must be other fields of work besides public health and teaching. The chairman of the general committee and the chairman of the scholarship committee would be very glad indeed to have letters from graduate nurses making suggestions and helping us decide how to use this money. It will increase slightly, of course, every year, and the three scholarships this year may be four next year. Some day we may feel it would be well to put all the money together and make for one year a traveling scholarship and send some able woman abroad to see what has been done

in the field of nursing. Then there is this great field of rural nursing; we should like very much to make a study of that, and here is mental hygiene coming into the field. The committee has used its best judgment to try to award the scholarships to good women to work in the field where there is now steady need for them.

MISS McISAAC.—In speaking of placing the work in Chicago, Boston and New York, Miss Nutting had in mind that those were the places where the committee had decided training could be given. The applicants for scholarships need not necessarily be from those cities but from that part of the country.

STATUS OF THE NURSE IN THE WORKING WORLD

By LAVINIA L. DOCK, R.N.

I HAVE taken the liberty of altering two words in the title of my paper, so as to call it "The Relation of the Nurse to the Working World," for in considering the "status" of the nurse I did not feel clear what there was to say upon it, as her status in the world of work is assuredly one of unceasing change, growth, development. But as to her relative position to other workers in the world of work, it seems to me there is something for us all to study with some seriousness.

That the nurse is a worker no one can deny. However high professionally she may build her career, however distinguished and noble she may make it (and we all feel, thankfully, that the nature of our work sets no limits in these directions), she is still closely related to the world of workers whom we may call toilers. In this we may, if we will, see her most shining merit, for all those who think are now acknowledging that the labor of the world is the supreme service, and those who labor are the only real benefactors of society.

But there are still many who do not think, and they still need to be taught to see, the dignity, value, and essential nobility of work—the indispensable work which makes it possible for a civilization to arise—and to learn that parasitic idleness is the deepest disgrace of a modern human being. To help impress this lesson is an incidental part of our duty, imposed upon us involuntarily by our relation to the world of work. To teach it we need to know something more than many of us now know about that surrounding world. Krapotkin says that every specialist or expert ought to know enough of the work of other specialists or experts to understand and sympathize with what they have to do. And this is true for us. A vast field of human work and striving with which we are closely, though unknowingly, related, is the field of trades unionism. I remember well when my own ignor-

ance of what the labor movement was and what it meant to humanity was profound and illimitable. I hope no other nurse is so uninformed, but I fear there are some who may be so. Life in the Settlement gave me the opportunity to learn what the labor movement was, with its yearning aspirations for a higher life and its boundless heroism and self-sacrifice, and left me without a doubt that it was within that movement Jesus of Nazareth taught two thousand years ago. Because we have not understood it, we and our professional brothers, the doctors, have fallen into a way of assuming a tone of superiority and aloofness which are funny examples of little human pride. Do let us learn to see that the trade unions are for workers the same that our organizations are for us—bonds of brotherhood and protection, designed for mutual aid, conference, stimulation and uplift. Their faults are like ours and the doctors'—faults of imperfect human nature which is going to school for the lessons of coöperative effort. We may have been excused for not knowing this movement so long as it was directly confined to men, but now that women and young girls down to fifteen years of age are in industry by the millions, and are also forming their protective and upreaching organizations, we are able to see that this movement is just another variant of our own.

The question then comes home, What is our relation to this world of work? I think the answer is: We are morally and honorably bound to do nothing that crushes it down and makes its struggle harder, and we should be glad and thankful to do everything we can to help it upward and onward.

The immediate demands of this world of work lie along three lines: Education, hours of work, wages.

As to education I think we do keenly realize and thoroughly understand our obligations to our less fortunate sisters. Our own sense of the needs of our own profession makes us insist on honest and sufficient educational standards, and in this we are helping all workers even though we are unconscious of doing so, for so close is our relation that every minimum standard we can fix and assure, helps to bring up standards for other groups and makes it easier for others to demand and to attain a fitting preparation.

As to hours of work we are not quite so clear-headed. We have not known enough history and so we have not understood what this vast immense world movement of labor for a shorter working day has been, and what its significance. Eager to throw ourselves into the crises of our own tasks, which are indescribably dramatic because they hinge always on the acutest questions of life and death, we have resented any interference with hours of work and have echoed the sentiment

too often skilfully suggested by hospital directors personally interested, that a "profession" must not become tainted with "trades unionism" and that legal ordering of working hours would savor of trades unionism and destroy professional ethics. All solemn pharisaism! And hospital directors know it is. And because our work is fascinating in the extreme, they have used us to help crush back the rightful demand of those co-workers whose work is purely laborious and devoid in itself of any dramatic or intellectual joy; those who deal only with dishes, mops, machines and drudgery. I am sorry to think how often, for instance, the great need for shorter hours of the workers in all kinds of hospital institutions in Massachusetts has been denied in the legislature with the help of nurses and doctors, who have appeared before it to declare that their professional honor would be injured if the law fixed hours of work. So because of their sensitive pride, other classes of toilers have been deprived of the protection that they needed. If you would clearly understand what overstrain is in the world of work read Josephine Goldmark's monumental book *Efficiency, Fatigue*. To the fact that I was privileged to collect some of this material for her, I owe all such knowledge as I have myself of the difference between work and overwork—the one, blessed, healthful, inspiring, even if the labor involved is of the humblest order—as it often must be—the other crushing, saddening, or brutalizing, destroying all joy in work, taking the light out of the day.

The whole long history of the labor movement shows the effort to so adjust the burden of toil that the worker may feel joy in his work. The struggle for the shorter working day is the struggle to live—to be a human being—to have a soul. It is this struggle we must learn to comprehend, for we have a relation to it that we do not now understand and there is a claim upon us which we are not fulfilling when we oppose legislation to limit the hours of work in hospitals.

As to wages, our conscience is again clear. We know that we must not undersell, that this is treachery to fellow workers, and helps to drag down even remote classes of such. Be it frankly admitted that this is a fundamental principle of unionism, and a most necessary and indispensable one, so long as we have our present social system. The material basis of life is the foundation on which we stand to build up the higher things, and if this basis is not secure, we all go down together. To the labor movement we owe examples of heroism and loyalty in holding this principle that we, a fortunate and on the whole privileged set of workers, have never yet been called on to imitate.

Society is not benefited by the presence of a poorly paid working class, nor by the ministrations of underpaid nurses, for the underpaid

worker is liable at any moment to become a dependent, even a public charge, while from the standpoint of public health no class that is habitually overworked and underpaid ever shows a good grade of general healthfulness. Underpaid and underfed are synonymous terms, and we may therefore find a class of workers such as the cottage nurses of England who, presumably helping individuals in other classes to recover from illness, are by the conditions of this service being pressed downward into ill health and poverty. An example such as this proves that there are other and better ways, through an intelligent coöperation, of doing every kind of needed work without destroying the health and happiness of the worker. Our duty is undoubtedly to support every movement for an adequate-living wage for all workers, and, in this connection, I must allude to a recent newspaper controversy in a New York paper over the comparative salaries of nurses and teachers. Now teachers are notoriously grossly underpaid and it seemed clear to me that nurses, writing on this question to the papers, did not grasp the correct point. Instead of dwelling on the greater danger and uncertainty of a nurse's work, they should have insisted on the wretched inadequacy of the average teacher's wage, and have shown that, so far from nurses being paid too much, teachers are not paid enough.

You will hardly expect me to open my mouth without speaking of suffrage, and I do want to say most seriously that, in the world of work, the three needs of workers—education, shorter hours and a living wage—are terribly precarious, terribly uncertain, unstable and insecure unless protected well and firmly by legislation which is steadily and uniformly enforced by proper inspection and suitable penalties. And I should like to ask you to answer candidly this question. How likely is it that workers can secure such legislation and enforcement without the ballot? They are then a negligible quantity in the eyes of law-makers, and find a powerful body of employers armed with political power opposed to them. For the sake of the working woman, whose foothold is less secure than ours, no nurse should be opposed to enfranchisement for women. To climb up ourselves and push a weaker person down is what none of us would do by a physical act, and shall we do it by an attitude of mind? We have been privileged in our legislative success even without the vote, because every man has some grateful memory of a nurse, but we might have done even better had we had political power, and without it, can we feel sure of the future of our educational standards? The nurse of Great Britain, Germany, Holland, are badly oppressed and handicapped by their disfranchised state. How different is their status in the Scandinavian countries, Australia and New Zealand!

To close, it seems to me that our status in the working world will always be decided by the attitude that we take toward the needs and problems of the working world. If we are exclusive and shut our minds to all except "professional" subjects, we shall become one-sided specialists and in time lose our usefulness as did the French nuns in hospital work. If we acknowledge our relation to the working world, and fulfill the obligation that this relation brings, we shall live and become ever more useful and respected.

THE NURSE AND PUBLIC HEALTH

By LINA L. ROGERS, R.N.

MANY valuable papers have been given at this convention setting forth the great part played by the nurse in public health. I shall give you an outline of what the city of Toronto, Canada, is doing for the public health through its board of education.

When medical inspection of schools was started in Toronto in April, 1910, the first step was to employ a trained nurse who had specialized in school nursing. She began by investigating school conditions, relief agencies, hospital clinics, homes, fresh air camps, etc., so that she might know where each need could be supplied. The city had 70 schools with an attendance of 45,000 children. The next step was to select a group of three schools and visit these daily. This brought to light the usual conditions found in schools whose attendance was comprised of children, many of whom were orphans and cared for themselves, and whose homes were in old rookeries, basement rooms and attics. When these conditions were reported, two assistant nurses were appointed and new groups of schools visited. A circular was sent to the principals of all schools not visited by the nurses, requesting them to report any children whom they considered in need of medical attention, to the chief inspector of schools. The requests to visit children in homes and schools were so numerous that it was necessary to appoint two more nurses and two medical inspectors. The chief nurse was asked to visit all schools where reports were sent in by principals. When the nurse went to a school where three children had been reported in need of a doctor, before she left the building as many as thirty would be found in serious condition from remedial causes. Those were referred to the medical inspector. As the teachers realized the dangers, they brought all the abnormal children and it soon became evident that a general supervision was necessary. In February, 1911, less than a year after one nurse started, 18 medical inspectors, 1 dental inspector and 25 nurses had been appointed.

The general plan of the work was carried on much the same as in some other cities. The medical inspectors made a routine inspection of all children in school after each vacation, at midsummer, Christmas and Easter. The school nurse made all the subsequent class-room inspections once every two weeks.

This plan is carried out at the present time. Children who have been absent for two or more days must report to the medical inspector or nurse when school opens. If satisfactory evidence is given, they receive a re-admission slip and are allowed to enter their class rooms. The nurse readmits in the schools where the medical inspector is not present at 9 o'clock. Any doubtful cases are left for his inspection when he arrives. All cases, excepting those with decayed teeth and unclean heads, requiring any attention, are referred to the medical inspector. Each child must have his or her reference card filled in, stating the reason for seeing the doctor. He in turn makes the diagnosis and recommends the treatment. This reference card is designed to give a complete medical history of the child from the date of entrance to the school leaving. The system is arranged so that the medical inspector or nurse going into an unfamiliar school can find in the file a record of everything each child was referred for, the treatment given, visits made to homes and conditions found, without having to ask questions. These records are available to the principal and teachers at all times.

When two or more cases of contagious diseases are found, the class rooms are not now closed by order of the board of health, as was formerly the case. The children not excluded are allowed to go to school regularly, and the nurse makes a daily inspection of each child in the room until all danger is past. The children are most anxious to tell when there is illness in the homes and many cases are found out in this little confidence between the children and the nurse.

The board of health has given the most hearty coöperation in regard to the medical supervision and this has made the work much more valuable.

Various means are used by the nurses to persuade the children to have their defects remedied. For instance, one nurse bought shoe blacking and *allowed* the boys to shine their shoes if they would have their teeth filled. There was always a waiting line. Another nurse bribed the children to go to the hospital dispensary to have their tonsils removed, by curing their warts. This was all done on the nurse's own initiative.

One nurse reported twenty-five cases of suspected tuberculosis from her group of schools while another reported sixty-five cases. Some were found on investigation to be under supervision in clinics. Others proved negative.

A nurse referred six cases of discharging ears to the medical inspector who found, on taking cultures, that five had diphtheria germs in the pus. These carriers were excluded until negative cultures were obtained. It may readily be seen where the odd cases of diphtheria have their origin.

A nurse reported nine cases of measles from the kindergarten in one day. The only intimation she had was from two parents who sent word that their children were unable to be at school for that reason. The other seven were absent and the nurse called to find out the reason, with the above result. It is interesting to note that in six instances the patient was an only child and the parents did not call in a physician. Think of the possibility of an epidemic when desquamation sets in from these concealed cases if they are allowed to return to school in that condition. Doctors differ in points of diagnosis.

Another nurse found two children, aged ten and twelve years, in one of her schools whose vision had been so neglected that the oculist said they were nearly blind and little hope was held out for saving the remaining sight. This so impressed the nurse that she captured every infant when visiting the homes and inquired about its eyes. She now has a group of tots three, four and five years of age wearing glasses. The glasses are provided by the teachers of the school their brothers and sisters attend. The board of education provides glasses for children of school age whose parents are unable to provide them. Just reflect what this means to the children and what the state saves. It is estimated that a child's life is worth \$4000. It is much cheaper and better to save the health than to try and recover it after it is lost.

Regular tooth brush drills are held in the schools. The Oral Prophylactic Society has had a special brush made for the school children and any child may procure one for 10 cents. Tooth paste is provided at 5 cents for a regular-sized tube. A municipal dental clinic was established by the board of health and children are sent there for treatment. It was soon quite evident that this clinic could take care of a very few of the children requiring treatment. Another great difficulty was that many children failed to keep their appointments. The school nurses could not take the time from their school work to see that this was done. The board of education at this point provided three dental chairs and set apart rooms in the schools for the work. These are in charge of a dentist three half days in the week for the care of the poorer and younger children. The school nurses of Toronto were so interested in the welfare of the children under their charge that they equipped a model dental room in one of the schools at a cost of \$500. We hope eventually to have a dental chair in every school in the city as part of its essential equipment.

A new feature of the preventive work is the nose-blowing drills.

This may sound strange but it is a powerful factor in preventing adenoid growths and clearing the nasal passages for breathing. Less catarrh is noticed and some of the teachers have been so enthusiastic that many of them carry it on as a part of their daily routine. Every child is required to carry a handkerchief and to use it. The nurse herself demonstrates what is necessary and the children accept the drill just as the German Army does.

Many parents neglect or refuse to have eyes, throat or teeth attended to and these, after every other known means has failed, are brought to the juvenile court. There the judge very kindly but firmly educates them to the fact that if they are not going to provide the necessities for the children when they can do so, the court will hold them responsible. They are told they may pay a fine of \$50, go to jail, or have the child put in the Children's Aid Society. They are allowed to go on suspended sentence for a week and invariably the child gets the protection it needs for its future life and citizenship. This is preventing a great deal of delinquency and truancy. We had twelve cases in court one day and have had none since. The lesson had its effect on the community.

The school nurses of Toronto are a body of social service workers in every sense of the word. The following cases will illustrate. A nurse recently when making a home call, found the mother ill with fright because her husband had threatened to kill her. The nurse went to the police sergeant and learned that the woman could be protected if she would lodge a complaint. Back the nurse went with her information, and took the woman, who was more than willing to go, to the officer, and the next day the man was sent to jail for examination as to his sanity. It was learned that the man had a wife and family in England and was insane. Work was found for the mother and she is now well and happy. The family in this report was first visited by a mission worker and was reported by her to the school nurse of the district. The family consisted of the mother, the father who drank, and six children, all under eleven years of age, one of whom was an imbecile from birth. One of these children had very large adenoids and tonsils. After repeated home visits from the school nurse, permission was finally obtained to have the throat operated upon. The home conditions meanwhile were somewhat improved, the mother being very proud of what she called "a three-room suite" which furnished the house and was being purchased on the installment plan. About two months after the boy's throat was operated upon, another child was added to the family. Before this baby was two weeks old one of the children was attacked by diphtheria. Though the child was removed to the hospital the disease swept through the family, attacking all but the new baby and the boy whose throat had

been operated upon, and in three cases proved fatal. Weeks after, when the nurse was able to revisit the house, the poor mother in telling of her troubles said she felt quite convinced that had Albert's throat not been attended to, he surely would have been taken also. She had the consolation of knowing that through the efforts of the school nurse one child had been saved for her.

Another instance—on March 7, Mrs. H. sent for me to visit her. I had made many visits to the home since I first came to the district. After my visit, a minister in the neighborhood was interviewed and consulted about the family and had clothing and coal provided. The father, a good carpenter, was out of work all winter and drinking heavily; he had been respectable but had sunk to the lowest depths. The oldest girl, fifteen years of age, earned \$5 a week. The second girl, age thirteen, was sent to work in a carpet factory. I told the principal of the school at once and he with the minister made up her wages to \$5 a week and she returned to school for one month. Now, on my visit, I found the mother in terrible distress because the miserable house in which they live was about to be taken from them, because they could not keep up the payments. The mother and seven small children were almost starving and living under very distressing conditions while the father made no efforts to get work. Several small jobs were offered him but he wanted to wait until he could get a certain kind of work. Again I consulted with the minister and he tried once more to get work for the father, who refused everything. At last the minister reported the case to the police with the result that the father was arrested and sent to work. He is now getting 40 cents an hour and keeping sober. The principal had been supplying a quart of milk daily to this family while they were in distress. The interesting point is that everything was dropped after a time by various helpers but it was left to the school nurse to pick up the threads and finally get something definite done.

We have laid plans for the first great step in preventive work. Last summer a forest school was opened for the delicate children in the city schools. Thirteen acres of land was loaned by a generous citizen. Fifty children were selected and were sent daily for three months. The street railway provided transportation by giving a special car, which was run on the same route daily. The children were picked up all along the line, the car starting at 7:30 A.M. The school was reached at 8:30. Breakfast was served to every child at 8:45, they went to school at 9, and at 10:30 were given a glass of milk and then had a recess of 1½ hours. At 12 o'clock the children washed for dinner and a hearty mid-day meal of meat, potatoes, dessert, milk and bread and butter was served. The tooth brush drill was then carried on and at 1 P.M. every child had to go

to rest for two hours. The cots with blankets and pillows were placed under the trees and the children stretched out and soon learned to sleep.

In the afternoon the same routine was carried out and after supper the roll was called and the children went home in the car at 6:30.

The teaching was done under the trees and the children were only allowed under cover when the weather was wet. This year 100 children are being sent out and will stay 6 months. There are 3 teachers, 1 nurse, 1 cook and 2 helpers. We hope when school opens in September to have open-air classes on the roofs of two or more schools, where the children may be sent up from their classes until they are in a normal state of health and where the teacher will have a chance to give them special instructions and return them to their proper grade and ready to keep up regular work.

I cannot pass without giving my personal reasons for having the Board of Education administer this great social service work. (1) The board of education should be the supreme and only authority in the school. (2) The most important reason is the dual authority that would be inevitable were the medical supervision under any other body. The general hygiene of the school, ventilation, lighting, heating, cleanliness, sanitary conveniences, exercises, hours of study, clothing, examination of physical defects, testing of sight and hearing, special study of retardation—in fact all functions of medical supervision of schools except those pertaining to contagious disease are, in the nature of the case, an integral part of school interest, work, discipline, etc., and must not be divorced from them. School activities must be adjusted to the needs of health, growth, development and education. (3) Medical supervision of schools and school children should be largely preventive medicine and therefor the work is educational. (4) All school health agencies such as medical and dental care, physical training, exercises, games, and drills, should be correlated and coordinated under one medical supervision system. (5) Boards of education are directly responsible to the people because its members are elected. (6) The board of education would naturally be very anxious to carry out these measures for the protection of school children from disease and would naturally exclude any cases of contagion.

We are looking forward to the time when our nation shall have ceased to decay; when our old men and women will have their own sound teeth and consequently sound bodies, even in their latter days; when the conditions of the home will be altered so that happiness reigns and the child reaches school in a contented frame of mind. We have reached the point where simple healing avails little, and we must plan along broad educational lines in the matter of health. As Miss Nutting has said we must look to the school nurse for a large share of this preventive work.

EFFICIENCY IN THE NURSING PROFESSION

By AMY ARMOUR, R.N.

ONE might, on such a subject as this, talk a very long time without actually getting anywhere, but we may consider, first what is efficiency, in our vocation as a whole, in each sort of nursing, and in the individual at her special post, and second, how to secure efficiency and then maintain it. On being asked what he considered the greatest essential for efficiency one physician vehemently answered, "tact," another suavely replied, "horse sense," but while these are two very valuable gifts, you may notice that the two doctors took the narrower view of "efficiency per capita," so to speak, while the question before this convention is how to keep up a high standard of excellence in our whole nursing body. What is it? It is actual concrete result of work, good, effectiveness, such as you look for in planting a fruit tree, or in getting your shoes shined. Our large cities have shown efficiency by the reduction of infant mortality, through the establishment of milk stations with their staff of instructors applying to the problem all the findings of modern thought and invention. A suburban hospital shows its efficiency by the thoroughness of its typhoid prophylaxis, its cures, its social service bureau. A private nurse marks herself as efficient if she serves a sane doctor and a sane family to their complete satisfaction. It may be held a heresy to look to the public for a verdict as to who is a good nurse, nevertheless the qualities which we ought to have can be determined by negating those which have made our profession unpopular. One who has never done private duty should not undertake to run a training school because she doesn't know what her pupils will have to cope with. The lists in the text books of what qualities a nurse must possess may not quite correspond, therefore, with these, but here they are: a natural knack for domestic things; personal magnetism; industry; thoroughness; tact and good judgement (coming from pausing long enough to understand others' motives); common sense (as opposed to blind devotion for personal, sentimental or mercenary reasons), with the power to think ahead, and make things fool proof; in delirium to ward off accident, falls, fires, etc.; coöperation; carefulness of others' property; professional secrecy; unselfishness; thrift; virility, produced by good food, good hours, long, sensible happy vacations, and independent thinking; and that unnameable charm which makes you select only one in all your own school to care for you if you are ill.

It is very interesting to note, as a registrar or superintendent of nurses in a small town can tell you, the charges laid against us by the

public—wanton destruction of furniture and linen, laziness, sentimental affairs with some member of the family, unkindness, avarice, toadying to the physician for the sake of covering up bad work, and lack of adaptability to the duties of this calling.

There is a personal equation in nursing which does not enter into any other occupation in the world, and all comparisons fall flat on that account, but we must make them, to spur ourselves onward. Efficiency in engineering shows in great constructions, and we do not haggle over the cost, it must only be fair, and open to inspection. We employ all the facilities of colleges and travel to train the minds and hands of the men who undertake such gigantic things as a Simplon tunnel or a tube under the Hudson. A premium is placed on the gray matter of the men who see the big things that can be done, and Colonel Goethals and Ferdinand de Lesseps are more famous in these practical days than Wellington or Hannibal, because their minds have solved the problem of international traffic, and thousands of friends are joined more speedily by the shortening of ocean routes, expense and danger are minimized, and the sum of total happiness is increased. Efficiency in the church is shown by the reduction of depravity in the community, by its number of adherents and their fidelity to the tenets, their stout support of schools, charities and missions. Efficiency in a university is gauged by the literary output of its students or by their extensive useful original research in the sciences. But the churchman, the engineer, and the student are attracted to their calling by the special inducements which the various professions hold out for them. There are first-class professors, fine buildings, and good professional coaches in sports in the various colleges which vie with each other to draw the best minds to them, and after graduation acquire prestige in their various callings by their own mature efforts.

What can we glean from these about the nursing profession? We must employ first class instructors, procure fine equipment, offer good sensible recreations, develop the students' individual bent, work in concert, and eclipse the results of the past, looking constantly for new fields to conquer, and demanding a big output from those whom we graduate, not only must we train those who want to become nurses, but we must get a status for nursing that will make the right kind of people take hold of it. East is East and West is West, and it is not wise to make too much uniformity in our methods, because each locality has its peculiar temper. Many agencies must be employed to achieve efficiency, first, those outside the nursing body, second, those in the nursing ranks themselves. The auxiliary societies of hospitals, the patients and the visitors, are not always favorably enough impressed by the nurses, who

may be flippant, tawdry or tired, with a chronic grouch that, to us, means nothing, but to outsiders only deepens the feeling that this is not a desirable life. When these women make visits, they go away saying, "Oh, I wouldn't be a nurse for anything." In the class of women who should maintain themselves by a noble occupation, there is only one selfish child likely, in each family, but her thoughts could be drawn into the groove of charity and labor, if these adjunct societies could be met graciously by the nurses, if only the housekeeper didn't get frenzied, the day they met to sew. These women might help to propagate the idea that nurses are enviable beings and that ours is a delightful occupation. Not leaving it to their boards to get help, the pastor of a church and the secretary of the Y. M. C. A. make a strong personal canvas among their constituents for sympathy, and every nurse should be inculcated with the feelings that she is a living potent factor for the making or marring of her class. We are too apt to leave it to our boards to think for us, instead of our asking and hoping, believing and receiving. We don't want to trade places with anybody living, and we ought to make folks know we're happy, ripping off the mystery that enshrouds our vocation, and showing ourselves only to be intensely human, but bending every effort, whether it is a choice of a hobby or a location for a vacation, to get the most out of our work in saving the sick.

If a superintendent has enough strength of character to point out the needs of her school to her own board, and demand a home, home comforts, and short hours, for her pupils, even with the danger of losing her position, her efforts will get results. Is it not feasible for a board to offer a scholarship at the end of the grammar school course for girls to use as maintenance for one year at high school, and again at the end of the first year in high school to keep them in the spirit for nursing? That training school whose board offers a scholarship at the end of the nursing course for post graduate work, or a traveling scholarship to European hospitals, will get fine material for its pupils. A philanthropist could easily be shown that a loan fund for girls who haven't enough to put themselves through training would be a good investment for the country's sake. Those young women who do not yet come up to the preliminary standard of requirements could be coached also by tutors at the expense of the board, in this latter day of dearth of applicants. It is possible to give a bursaship, as at Yale, where a pupil could take a longer course, with fewer subjects each year, and work her way through.

If all the hospitals were ideal, it would be advisable to have a conscription and make every girl in the land take the training, but what hospital would we choose for our sisters to be trained in?

The nurses of to-day have a duty to perform in this struggle for

status. Some drop by the wayside after graduation, others shut themselves up and talk about state registration. We try to pull ourselves up by our bootstraps, instead of working in concert with the people who have in their hands what we want. We must make it worth while to be a nurse, holding our rates at that point where capable women can keep fit and provide for their old age, or we shall never get intelligent women to enter the schools. But we must not be avaricious, not underbid our fellows. When we want to do charity, let us do it voluntarily, not out of cowardly fear of losing some doctor's patronage.

Parents never choose nursing as an occupation for their daughter—she almost invariably goes into it against their will. Let us begin a campaign amongst all with whom we come in contact, throw the nurses' homes wide open, invite them to dine with us, give public demonstrations of the useful, beautiful things a nurse can do, coöperate with the schools and welcome young children to the hospitals with their gifts of fruit and flowers.

The parents of to-day must be shown that their methods of rearing children are defective. Here young women need constant supervision, because every time they are slow to put flowers in water, or ice cream brought by a visitor, to lower a window, get a blanket or a drink, or quarrel with a maid, they are queering all our chances for getting help from an uninterested or hostile community. We are not willing enough to accept suggestions or acknowledge ignorance and defeat. But while being supervised a nurse should not be robbed of her entity. Preserve her own individuality, but weed out her faults; keep her human, not an automaton. The officers of a school need to keep in close touch with the patient, to get their attitude, and it is a very wholesome thing on a ward, to have a satisfactory adjustment of a patient's grievance. Not all of us can get tact and horse sense like Mary Carey, "by bornation," and need a friendly mentor at our elbow to say, before a crisis, "Now what had you better do?" or after a mistake, "Could you not have done something wiser?" "Would you want any nurse to say that to your mother?" "Put yourself in his place" is the best motto I can suggest.

For this constant vigilance, it is very advantageous to have lots of first class women as head nurses. How get them? Give them good salaries and proper vacations. Take good care of them, and try to foster in them a deep interest in their classes. They must feed their enthusiasm to the pupils and prove to them that they didn't get into a white uniform to evade hard work. They require marked executive ability, and should point out the dramatic side of our work, emphasizing the human interest, so that pupils will not become depressed or tired.

There is a possibility that if we lowered the age limit, and showed

ourselves more ready to span the chasm between school and nursing, we might get some good, though embryonic material, for the average training school is a better place for a girl to finish growing up in, than an office, or than some homes. Show the parents that our pupils develop in physique and mentality, and we may have them. Rout the old foes of over-fatigue, and break-downs. Nurses in training must be well fed, with most tasty and attractive food. Since there is no possibility of hospital food ever tasting like that of home, they should, to give the edge to an appetite jaded by bad odors, have pineapple and all other sharp pungent things that make bread and butter go well. Most of us think it isn't polite to talk about food at a convention, but it's a big factor in hospital economics, and we should endeavor to send girls out, healthier than they come to us.

One very vital agent in the conservation of their energy is the equal distribution of vacation periods. Pupils should be received at regular intervals, and in a three years' course, sent away every nine months, so that they would get their vacations during their training. At the end of the last lap they would be mistress of the situation enough to say how much rest they will take.

Much of the feminine indecision and irresponsibility of graduates comes from having things decided for them so long. I believe in the establishment of self government among nurses, as in the Henry George Republics, and in the presentation before a whole class of each case for discipline, having them act as a court to punish.

The manners and morals of the day are constantly changing. There was no prototype in the decorous maidens of twenty years ago, for the athletic girls, idle girls, musical girls, nervous girls, unchaperoned girls of to-day, and while we want to keep high ideals we must understand our material, and mould a lovely cup of what clay is at hand. We need to associate with our pupils much more than with one another, in the way that good mothers do. It keeps us young and braces them up.

There are both necessary and unnecessary evils existing at present, which we ought to study and reduce where we can. On account of our enforced solitude, nurses cannot live on a high mental plane like teachers; we are recruited from a different class, but it would be very desirable to recruit our ranks from theirs, if it were worth their while to come to us.

The teacher, having acquired the principles of pedagogy, would take kindly to the practice of nursing, reduce her mental strain, and while growing more solitary, have acquired enough knowledge to make inner resources for happiness. Being so much alone, we should demand compensation for it. Uncommercial travelers, tossed hither and thither,

we should, by virtue of our calling, have free access to all literary, musical and social organizations—ask for it. Have faith in yourselves, and others will have faith in you. The Alumnae Association should not be the only bond between you and civilization. The painful nostalgia which every good nurse feels can easily be cured by telling it to someone who can help you.

The government spends much time, money and effort to fill the ranks of its devastating armies. Why should not the government undertake to secure pupils for this army that spreads health and happiness? Wake the nation to the needs of its sick. Sound the alarm continually in the homes, in the churches, wherever you are. Almost all doctors have fallen into a rut, in thinking that it is a natural sequence for nurses to break down, and that attitude encourages their patients to help the breaking process along. If the hospitals reduced their capacity and admitted patients in proportion to the number of nurses, people would sit up and take notice about the dearth of help. Why shouldn't a nurse work twenty-five years just like a doctor? I shall have no sympathy with the people who want one nurse for a difficult typhoid on 24-hour duty. When the hospital is what it ought to be, and we must do our duty in the one to get our dues in the other, it will be their good alternative, but its affairs must be humanely administered.

Within the training schools, one more factor, the last one, is under consideration, the additions or subtractions to the curriculum. Anatomy should be taught not abstractly, but applied to the nurses' needs. A fairly wide knowledge of law, relating to the patients' rights, injuries sustained in the hospital, criminal operations, etc., should be taught the pupils, to give point to our instruction about any and everything we do. Eugenics should be constantly taught by precept and example, because nurses ought to be its greatest exponents. The feminine mind is so unmathematical that all the arithmetic of our high schools is of very little good, and should be hammered, constantly, in order not to have mistakes in drugs. But the greatest stress is to be laid on practical demonstrations all the time, on the living subject, bedside teaching, the pupils systematically demonstrating back again twice to the supervisor before giving a treatment alone. It is very gratifying to the patients to see head nurses actively engaged in their care, and it warms the cockles of our hearts to get their wan smiles as we go by, many days after their crisis, when we hadn't even expected them to remember us. In this lies the true romance of nursing.

THE NEXT BEST THING FOR THE NURSING PROFESSION

By LOTTIE A. DARLING, R.N.

WHAT a tremendous debt do we owe to Florence Nightingale, who led the way for the better class of women, and who lived to see it followed by a large band in this country as well as her own. Since her beginning the work, it has spread in many directions—far beyond the dreams of those noble pioneers who labored under difficulties of which we have no conception nowadays, but who ever kept before them the higher ideals in the field of nursing which fall to us to carry out.

If we could change the conception of the "Octopus" to represent our profession, how different would be its effect on the mind of the public! To see those tentacles, each standing for a field in nursing, reaching out over the world to alleviate suffering, to heal the sick, to teach the well, and to spread the gospel of right living, would be uplifting indeed! And because these tentacles must go out farther and farther, and new ones must be sent into new fields to touch new people, the body must be strengthened with new thoughts and broader standards.

For this purpose we should begin with the girls at a younger age than we have done heretofore. Now that the field has broadened, and nurses are being called on for many kinds of specialized work, theory plays an important part in their training. For this reason, it is desired that girls should have a good foundation before entering, and that schools should have a more uniform standard.

Since only a small proportion of children prepare for college, it is only right that the high schools should give something more than a preliminary training for college. Educators all over the country are opening their eyes to the fact that the high school of the future must keep in close touch with life and, as their birth-right, train its boys and girls in the art of living. In pursuing this idea, a few scattered schools may be found in the United States, and from now on it will be the duty of the nursing body in every state to coöperate with these high schools, that this profession may be one of those from which the girls may make a choice. What an opportunity is yours if such a school is in your vicinity! In the first or second years of high school, they should be guided in choosing their future work, and spend the next three or four years in getting ready for it. It will follow that, unless the path is open to the nursing profession, the training schools will find it more and more difficult, as time goes on, to secure the requisite number to carry on their work. Very little would have to be added to the curriculum in many of these high schools, for, besides the English, latin, physics, chemistry,

biology, cooking and home economics, the William Penn High School of Philadelphia, for instance, includes in its senior courses, extending through the year, one in domestic sanitation and eugenics. Also, in some schools, community hygiene is taught, and the course in physical training is given to fit the girls to meet their own personal problems in the future. If rightly managed, this course would prepare the right girl to begin her hospital training immediately after graduation.

This will bring new problems to superintendents of training schools. The high school senior is but eighteen or nineteen years of age. Would it be wise to change the age limit to meet the situation? Should not her years of preparation give her an advantage over those who have not had it, although there may be a difference in ages?

As hospital training schools were founded primarily for the care of the sick with the least expense to the Directors, the education necessary to make the most efficient nurse has been neglected in the majority of cases. Naturally, unless the managers of hospitals have a conscience in the matter, they are going to spend as little as possible for the needs of the nurse. Besides, how much knowledge does the average manager possess as to what these needs are? The members of the medical profession in any way connected with the schools are willing, without doubt, to do what they can in advancing the training of their nurses, but the busy rush of their own duties as practitioners, or their lack of facility in teaching, leaves the nurse to the monotonous round of duties little understood and to her own resources in satisfying an inquiring mind. This allows the disposition of the question to be settled by the nursing body. To obtain the ideal solution, perhaps it would be best worked out by co-operation, but no one understands better than they who have attempted to solve the problems what are the requirements in a nurse's education.

In an editorial, the *International Hospital Record* deplors the fact that "those who assume to be leaders in matters pertaining to nurse teaching have all along practically ignored the hospitals from which, under present existing conditions, all nursing education must be had." To a great extent, the existing conditions are the same for the medical student, insofar as the hospital is indispensable for the proper observation of patients, yet it is not recorded that the hospitals are consulted in arranging his curriculum, nor in raising the standard for his admission. In spite of this neglect, the managers of *these* hospitals strive to offer every facility to attract the student and advance his knowledge.

In the few instances where nursing schools have been organized for the higher efficiency of their pupils, it has been more for the benefit of the hospitals associated with them, although the choice of a hospital is optional with the pupil usually. Considering the above mentioned

neglect on the part of nurse educators, other institutions have shown an amazing willingness to affiliate for practical instruction. It will not be inappropriate to mention here the preliminary course of six months which will be started October 1 at the University of Missouri in Columbia. This will be of great benefit to smaller schools which are not prepared to give the proper amount of theoretical instruction to their pupils. It is given primarily for their own applicants, but it happens that a number of these schools have already agreed to give full credit for the six months. In this course, along with the branches which many hospital training schools give, are included voice culture and work in the manual arts, designed to aid the nurse in the entertainment of children and convalescing patients.

It is hoped that in the near future, a one year's preparatory course, similar to those given by Teachers College and the University of North Dakota, will be introduced by the Washington University, St. Louis, in place of the six months' preliminary course which is now included in the three years' course of the training school for nurses.

Not many schools have a regular course of preliminary training. It is an expensive one for the hospital to carry out itself, and so beyond the means of the smaller institutions. The certainty that there is need for the organization of centralized schools is gaining ground, and as state registration is advanced or perfected, this need will appeal more and more to nurse educators. As we look into the future, we recognize that this idea must advance until a group of hospitals, seeking to comply with the requirements set down by the nursing body and state registration, will find it more economical to unite in founding one centralized school from which each can draw its force of nurses after the preliminary term. In this way, the ideal will be more nearly approached in a uniform standard of individual character, in hours of duty, and in education. By proper affiliation, they will be able to broaden the mind and character of each individual nurse, and give her an opportunity to specialize in that particular branch she wishes to make her life work. The responsibility for her instruction cannot be dropped by the school at the end of the preliminary training, but all during her three years classes and lectures must be under the supervision of well-equipped teachers connected with the central school.

It has been most interesting, and rather exciting, to read in that efficient organ of the nurses of the far west, *The Nurses' Journal of the Pacific Coast*, the various opinions regarding the Eight Hour Law which includes pupil nurses. In spite of the fact that a few here might disagree with me, I must congratulate California for leading in this triumph of Right over Mammon. The problem of hours of duty has always been

left for the individual hospital to work out, and has not always been regulated to serve the best interests of the pupil. The majority have never taken the question into serious consideration, from the standpoint of the nurse or of humanity. As a consequence, stories of long hours and drudgery, with the resultant ill-health of many victims, have intimidated some would-be nurses. This, taken with other causes, has resulted in an inadequate number of applications all over the country. So it seems but right that where the superintendent of nurses is unable to regulate the hours with fairness to her pupils, the arm of the law should intervene and compel a proper adjustment.

After a nurse has graduated, should the hospital wash its hands of her future career? Modern treatment of disease is undergoing some changes, and every year young nurses are being sent out into the world, so that they who take this as a lifework must brush up occasionally or find themselves left far in the rear. Those who have carried on private nursing for a few years, who have worked up a practice among homes of the city, rarely have an opportunity to return to their alma mater for observation of the newest nursing methods. Also there are those who wish to enter another department of nursing in which their professional education, or their personal gifts, or tact and executive ability are in demand. Besides these attractive qualities, many are recognized as possessing one more rare, that of imagination with the power of creating realities from visions, but who are in need of more special training. Nurses from inferior schools are often anxious to supplement their inadequate training. So far, the only way that nurses from any of these classes may obtain the desired knowledge is by taking institutional positions for which many are unfitted, or for which they have a decided dislike, or else go to great expense to attend some university. None of these should be denied her desire for expansion, but should have within her reach an opportunity for systematic post-graduate instruction. I use "systematic" advisedly, as opposed to the haphazard method of allowing graduate nurses to enter a hospital at any time and get what they can out of the usual daily routine. Instead, it must be understood that at regular periods, lectures are given which they must attend, and the course of study and observation must be mapped out in order that they may obtain the most from this opportunity. Here is where hospitals of the highest standing could do untold good to the nursing profession.

An insistent demand from all over the country for nurses especially trained and equipped led to the founding of Teachers College in New York, and the School for Visiting Nurses in Cleveland, and it is expected that other institutions, recognizing the need, will progress in the same direction.

After graduation, nurses are urged to join one or more graduate nursing societies, but especially their own alumnae associations. In many cities, but few of the latter do more than meet to discuss various local matters of passing interest, the members show but little desire to attend the meetings, and it is not easy to prevail on the young graduates to join. A few societies attempt to care for their own sick members who need assistance, and while this is perfectly proper, it is often as much as they accomplish. Many hospitals offer scholarships to one or two members of the graduating class who are capable, and who desire to perfect themselves in their chosen work at a special school. While such a worthy proceeding should never be discouraged, it should be recognized as a duty for the alumnae associations to assist in the matter. Thus banded together for the broader education of one of its own number, the association will keep alive the interest of the nurses in each other, in special work, and in the betterment of their profession. Nor should this be the end. We are all necessarily more or less acquainted with existing civic conditions, and a large number of us are working for a solution of numerous problems arising from these conditions. Women's clubs all over the country are working for the same result, although going about it in a different way perhaps, and it would seem to follow that a more effective work could be done by a joining of forces wherever both bodies are found. Each could supplement the other in suggestions for help, in awakening the interest of the public, in actual labor, and in knowledge of how best to carry on the noble work these clubs are doing for uplifting social and civic welfare.

In the work of the care of the sick among the middle and poorer class of people, a most effective plan has been adopted in a few places of a combination of nursing and all kinds of men's and women's charitable organizations, by which these people are benefited without hurting the pride of any. Although I am unacquainted with the details of this work, it seems more nearly the right way than is employed in most cities.

Wherever given a fair trial, it has never been disputed that in city or rural districts, or in positions paid by the state, the services of the nurses have been of great benefit. Although work done by school physicians heretofore was very valuable, they generously acknowledge that their capacity for doing good is greatly increased by the assistance of the school nurses. Boards of health of both city and state employ their own staffs of nurses in work for the blind, or in looking after their anti-tuberculosis campaign.

One of the most interesting fields to which nurses may turn is that of rural nursing under the Red Cross Nursing Service. Here, where plenty of food, of pure water and fresh air, and seemingly every advantage of

sanitary living is fairly thrust upon the inhabitants, the nurse can doubtless find as large a scope for teaching as in a city district, with possibly more pleasures to herself.

Mrs. Robb believed in centralized schools and hoped to see them established, so the ideas presented here are not new by any means, but are given in the hope that we strive more earnestly for the organization of these schools throughout the country, that women may receive a more thorough preliminary training and that graduates may return for necessary equipment for their future work.

The meeting adjourned until 2:30 P.M.

FRIDAY AFTERNOON SESSION

THE meeting was called to order at 3:05 by Miss McISAAC, who called for reports from the special conferences which had been held on Thursday evening.

RED CROSS CONFERENCE

MISS DELANO, CHAIRMAN

No FORMAL report was given, but it was announced informally that the Red Cross nurses asked for an all day session at the next convention.

CONFERENCE OF STATE BOARDS OF EXAMINERS

MISS WILKINSON, CHAIRMAN

THE report was given by Miss AHRENS, as follows:

The first question discussed was reciprocity, and it was felt by those present that not until a uniform educational basis for schools for nurses as well as for applicants was established, little of much value could be accomplished along this line. There was considerable discussion as to results of registration laws. All were able to agree that, although some laws are weak and far from what the members in the respective states deemed to be good laws, yet they result in raising the standards.

Another question was what should constitute an approved school. After considerable discussion it was decided that each state must work out its own salvation.

Should the nurse be allowed to take the state board examination before she completes her practical work in the hospital? In many instances she is allowed to take the examination if she has satisfactorily completed her final examination and presents credentials from her su-

perintendent. The state board certificate is not valid until the time in the hospital has been completed. Coöperation between the state associations and the state board was considered a mutual advantage. Miss Riddle, who was chairman of the meeting for part of the time, stated that they could have accomplished nothing, almost, in Massachusetts, if they had not their splendid state organization behind them and not only behind them but working with them and coöperating with them.

In the opinion of several representatives an examination in practical nursing by demonstration was of value, particularly in such states as do not have training school inspectors, but on the whole it was not considered especially valuable.

A resolution was passed recommending that representatives from the state board of examiners be sent to the state sectional meetings. This is of value not only to the representative of the board, but to the nurses present, as a good many questions come up regarding state registration that cannot be answered by the president of the organization but might be answered by the representative from the state board.

CONFERENCE ON POST-GRADUATE WORK

MISS NOYES, CHAIRMAN

THE Post-Graduate Conference was called to order at 8.30 p.m., June 26, Miss Noyes presiding. Courses were discussed from the graduate's as well as the institution's point of view. Following is a list of the topics discussed:

1. Why are post-graduate instruction and study sought, and upon what qualifications should the post graduate student be based? Discussion led by Sara E. Parsons, Massachusetts General Hospital.

2. The value of the post-graduate course from the state hospitals' point of view. Discussion led by Ella B. Kurtz, Manhattan State Hospital.

3. Is a central board a practical solution toward securing uniformity and proper classification? Amy M. Hilliard, Neurological Hospital.

4. The post-graduate course from the standpoint of a former student, and its value as a means of preparation for the navy service. Discussion led by Lenah S. Higbee, Navy Nurse Corps.

A general discussion followed each topic and many questions were asked, considerable interest being manifested in the subjects. The constant and increasing demand for post-graduate study is incontestable, the problem in supplying such in an adequate and satisfactory manner to the pupils and without too much disturbance to the training schools and hospitals offers an opportunity for careful study.

Miss Hilliard moved, "That the Committee appointed at yesterday's meeting to act upon important nursing questions be asked to undertake a study of post-graduate schools with a view to securing accurate information concerning such, for the use of prospective students." Carried unanimously.

At this point, as many members of the Association were obliged to take an early train, the report of the tellers was called for.

Miss Bewley reported that 384 ballots had been cast and announced the following as elected: president, Genevieve Cooke; vice presidents, Adda Eldredge, Margaret Whitaker; secretary, Mathild Krueger; treasurer, Mrs. C. V. Twiss; directors: Mary M. Riddle, Jane A. Delano, Agnes G. Deans, Ella P. Crandall, Mary C. Wheeler, Lydia A. Giberson.

REPORT OF THE CONFERENCE ON PRIVATE DUTY NURSING

IDA F. GILES, CHAIRMAN

(Read by Frances M. Ott)

THE papers last evening were particularly interesting, along four lines, with interest for private duty nurses, and we had an enthusiastic meeting, closing with the following motion:

"The committee appointed respectfully recommends that a special session be allotted to private duty nurses at each annual convention and that the chairman of said session be a private duty nurse, appointed by the Executive Committee."

FRANCES M. OTT,
MARY L. BAIRD,
NELLIA M. CRISSY,
EMMA DUENSING,
ELIZABETH E. GOLDING,
Committee.

(The papers read at the Private Duty Session will be found following the formal reports in this magazine.)

MISS McISAAC: One of the very important committees that was formed last year in our efforts to make our association more efficient and to help nurses in all parts of the country was a committee whose duty was to district the United States and bring about conferences between the presidents of the state associations of nurses. Miss Gladwin was made the chairman of that committee.

REPORT ON SECTION CONFERENCES**MISS GLADWIN, CHAIRMAN**

FOR a long time it had been thought that there should be some sort of work done which would bring the states in various parts of the country into closer union, because a great many of our problems are geographical; so an attempt was made last year to divide the states in such a manner that we might do that work; and while we have not met with the greatest success we feel that our work may lead to something valuable in the future. Two of our groups of states were not able to meet at all, chiefly because the distances between them made the traveling expenses so great; then there were one or two states in the west that were so engaged in a struggle for state registration that the officers felt they could give no time to anything else. Possibly if the officers of our various state organizations get together, they could make plans for work and every year bring them to the Advisory Committee.

The first section met in Portland, Oregon, January 27, and there were present the presidents of the state associations of Oregon and Idaho, the secretary of the state association of California, the treasurer of the Washington state association and a representative from the Oregon association. They felt very strongly that in coming together they had gained a great deal and they planned that some sort of permanent organization should come from that first attempt. But they specified in their report that this organization should be used merely as a means of strengthening local work and that in no way should it weaken the national association or the desire to attend the national association.

Another section met in Chicago on January 29. There were present the presidents of the state organizations of Ohio, Illinois, Michigan, Indiana, the treasurer of Missouri and directors from Minnesota and Wisconsin. A prolonged discussion was held as to ways and means of strengthening the feeling of proprietorship which the nurses have in *THE AMERICAN JOURNAL OF NURSING*, and at that meeting it was recommended that we all carry back to our states this resolution: That a committee be appointed in every nursing organization, both state and local, which shall study ways and means to bring home to the nurses the fact that they really are the owners of the *JOURNAL*, that they should try to add to the subscription list and should uphold in every possible way the editor of the *JOURNAL*.

There was also a long discussion on state registration which brought out very strongly the need of united work. It was recommended that a national committee be appointed to study registration, or rather study

the history of it in every state whose registration has been obtained, so that when a new state starts out to do that work it would not have all new territory; it could call upon the committee for the history of failures and successes. There was also a very strong feeling in favor of compulsory registration. Those present felt very strongly that registration would never be a success and would never attain the end desired until all classes of women who are in any way concerned with the nursing of the sick are registered; that we should register not only the nurse but the practical and the experienced women who are doing nursing.

It was felt also that alumnae associations should try to influence the policy of their schools, that nurses missed a great opportunity in not bringing all their influence to bear for the good of their school.

The next group of presidents met in New York on May 27, representing New York, Massachusetts, Connecticut, New Jersey and Maryland. The discussion at this meeting followed very closely in the lines of the others. That group of states recommends that the American Nurses' Association adopt a national pin for its members. The last group met here in Atlantic City on June 25, with representatives from Virginia, West Virginia, Kentucky, Tennessee, North Carolina and South Carolina. The question of registration was again discussed and of various means to bring it about in states where it has not been attained. The desirability of having these sectional meetings was emphasized because they discussed at this southern section the social conditions of the south, which we people in the north know very little about, conditions which have very much to do with the success of nursing work. The members resolved to make their section a permanent one, to meet every year at the time of the national convention.

I wish to bring to your attention a resolution sent by the Illinois State Association. It has for a long time had a state pin, which is to be abandoned. They recommend that the national association adopt a pin, but that it be for registered nurses. They have gone to the trouble of having plans made for a pin which they have sent here, and they recommend that a committee be appointed to take that under consideration.

MISS McISAAC.—Miss Gladwin made one point in her report which I think was not exactly clear to some of the delegates, that was the recommendation about registration for various grades of nurses. As she stated it, it might be interpreted as recommending the same registration for all grades of nurses. I am sure that is not what she intended to say.

MISS GLADWIN: We feel very strongly that everyone who has anything to do with the nursing of the sick should be registered and that

they be registered in classes. We feel that there is a place for a woman who calls herself an attendant, a practical or an experienced nurse, and that she should be helped and protected in every way, and should be supervised; and we feel that the distinction between the nurse and the experienced woman or the practical nurse who takes care of the sick can best be made and best be maintained if we register all classes of women.

Acting on the suggestion conveyed by Miss Gladwin from the Illinois nurses, Miss Hartman moved that the American Nurses Association adopt a pin. Carried.

The secretary moved that a committee of three be appointed by the chair to work out the design for the national pin and present the same at next annual meeting. Carried.

MISS McISAAC.—For many years we have had in the United States two national organizations of nurses, the Superintendents' Society, which is now known as the National League of Nursing Education, and the Associated Alumnae, which is now the American Nurses' Association. In order that we might have official relations with the nursing bodies in foreign countries, as in England and Germany, it was necessary for us to come together and have one organization, whereby we could maintain these relations, so for many years we had a nominal organization, an organization in name rather than in fact, which was known as the American Federation of Nurses. By the reorganization of the American Nurses' Association, in affiliation with the National League of Nursing Education, the Federation of Nurses is no longer necessary, and by the dissolution of that federation we find ourselves in this position: as a federation we had two honorary members, women distinguished in their profession in England: Mrs. Bedford Fenwick, editor of the *British Journal of Nursing*, and Miss Isla Stewart, who was for many years the superintendent of nurses of St. Bartholomew's Hospital. Now we beg to recommend to the American Nurses' Association that these honorary members be transferred from the old Federation of Nurses to this association. Miss Stewart is no longer living but we wish to transfer these names to the records of this association.

It was moved and carried that these names be transferred to the records of the American Nurses' Association.

MISS McISAAC.—We must now consider the great piece of work that lies ahead of us in making plans for the International Congress of Nurses which is to be held in San Francisco in two years' time, to which nurses are coming from every country on the globe. I will ask Miss Dock to speak of the plans.

MISS DOCK: Our international gatherings are very inspiring and wonderful occasions and we have always had at them exhibits which were chiefly gotten up by countries in which they were held. They have not been very large nor very expensive but they have been interesting. I am told that to get up a thoroughly good exhibit in this country is enormously expensive, and I doubt whether it is worth while to put

so much money into it as it seems it will take to prepare an exhibit on thoroughly first-rate lines. We had suggested putting up on the Panama Fair Grounds in San Francisco a nurses' building, but it seems that we could not either lodge or give meals to nurses in such a building, and so we would have no way of making any money out of it. It would be a pure expense and it is hardly possible that we could make it large enough for our meetings, because we have twelve or fifteen hundred nurses present at our international gatherings. We had even in Germany twelve hundred and probably we will have many more here; so we cannot build so large. I doubt also whether it is worth while for us to try to put up a nurses' building, when we consider that the fair will already present a great variety of beautiful buildings, many of which will have large public halls. So I doubt if it is advisable to try in this country to have the same things that we have had presented to us when we go to foreign countries for our congresses. I do not see why we should not be original and have something entirely different. On the part of the old countries they have had a great deal to show us of historical things, old museums and ancient buildings and history; we of course have nothing of that, but we have a great deal that will be very astounding and new and wonderful to European nurses and I do not see why we should not choose to make the Panama Fair and the wonderful new country our main attraction and have our general meetings in some one of the beautiful new buildings that will be there. The International Council of Nurses will have one big ceremonious festival day, to which it will invite all the nurses and all the other associations and all those who are living in California, with very little business, and an attractive program. After that the different groups will have their own sections and business meetings. One thing I think that we shall bring up in connection with the international work is the proposed memorial in honor of Miss Nightingale. It will have an educational character and will be established in England, perhaps something of the same kind as our Teachers' College course here. Our foreign nurses will have to be conducted very carefully all through the country, we are planning to have our own trains and I suppose the American Nurses' Association will have its own trains or perhaps join with the international in one continuous series of trains. I do not know how many will be able to come from Europe, but I think we will have a good many from Australia and the east and some English nurses who are living in China and India. I think we will have nurses from New Zealand and Australia and some from Japan.

MISS MCISAAC.—The National League of Nursing Education and the Organization for Public Health Nursing have considered this subject and offer the follow-

ing recommendation: "That a preliminary committee be formed of the presidents of the three national associations, with the international chairman, Miss Goodrich, for the purpose of working out the plan of the international meeting with power to form its own sub-committee.

It was moved by the secretary that a committee be appointed as recommended by the other two associations. Carried.

According to the by-laws the chair appointed two members of the nominating committee as follows: Margaret Bewley, New York, chairman and Bena M. Henderson, of Chicago. The remaining three members, nominated from the floor and elected, were Mary A. Moran, Augusta, Ga., Anna Rindlaub, Pittsburgh, Pa. and Mary E. Gladwin, Akron, Ohio.

Miss Golding made a special appeal for the Relief Fund and a special contribution was taken, which amounted to \$166.75.

REPORT OF THE COMMITTEE ON RESOLUTIONS

YOUR Committee on Resolutions submits the following report:

We the members of the American Nurses' Association hereby express our sincere appreciation to the Atlantic City Publicity Bureau which has in so many ways aided in systematizing the work of registering our delegates and in other arrangements pertaining to the work of this convention.

Also, to the various hotels, particularly to the management of the Chalfonte, where special consideration has been given the Association in every way.

Special thanks are due to the Program Committee and the members who have prepared such excellent papers.

Further we wish to record our thanks to the Hon. Wm. Riddle, Mayor of Atlantic City, for the welcome extended us; and to the Rev. Newton Caldwell, D.D. for the invocation.

To the Chairman and members of the Committee of Arrangements, the New Jersey nurses, and those who have assisted as hostesses we are indebted for many courtesies and valuable assistance rendered throughout the convention, and to them we are extremely grateful.

Respectfully submitted,

EMILY A. McLAUGHLIN,
IDA M. TICE,
KATHARINE BROWN, Chairman.

The report was accepted.

A special vote of thanks was given to Miss McIsaac, as acting president, for so ably filling the position left vacant by the resignation of Miss Sly, and to Miss Deans, the retiring secretary, for her excellent service during the past five years.

MISS McISAAC.—For the last fifteen years I have never been without connection of some kind with nurses' organizations, national, state, alumnae, and organizations of all kinds. I have seen faithful nurses, efficient nurses, sincere nurses, and nurses who gave their untiring interest to the various associations; but I have seen just one nurse to whom all of those qualities were given. I do not think that I need to tell you that it is our retiring Secretary. We are sure that there are women who have served as president of this association who have done so because they have had the help and guidance, the direction and the coöperation, in every possible way, from the Secretary.

MISS DEANS: You have conferred the honor upon me many times, I have tried to live up to it and have considered it a privilege to work for you.

The newly-elected officers who were present were then introduced. In the absence of Miss Cooke, the president, the first vice president, Miss Eldredge, responded for her as well as for herself, saying "I wish to express what I know would be Miss Cooke's feeling as well as my own, that we shall both endeavor to the best of our ability to carry out the wishes of this association in every way possible, and to prove, if possible, worthy successors of the women who have gone before us."

It was decided that a telegram of congratulation be sent to Miss Cooke, and that telegrams be sent also to Miss Sarah E. Sly, Miss Linda Richards and Miss Lucy Drown.

Miss Squires, on behalf of the New Jersey nurses, expressed their appreciation of the opportunities afforded them by the convention.

The meeting was then declared adjourned.